HEALTH SERVICES AND DEVELOPMENT AGENCY MEETING JUNE 27, 2018 APPLICATION SUMMARY

NAME OF PROJECT:

Option Care Infusion Services, LLC d/b/a Vanderbilt

HC/Option Care IV Services

PROJECT NUMBER:

CN1803-012

ADDRESS:

624 Grassmere Park Drive, Suite 22

Nashville, (Davidson County), Tennessee

LEGAL OWNER:

Option Care Infusion Services, LLC

3000 Lakeside Drive, Suite 300N

Bannockburn, (Lake County), Illinois 60015

OPERATING ENTITY:

Not Applicable

CONTACT PERSON:

Julie Koenig/Meggie Orama

877-726-0776

DATE FILED:

March 9, 2018

PROJECT COST:

\$15,000

FINANCING:

Cash Reserves

PURPOSE FOR FILING:

Addition of 27 counties to an existing home health

agency limited to infusion nursing services

DESCRIPTION:

Option Care Infusion Services, LLC d/b/a Vanderbilt HC/Options Care IV Services (Option Care) is requesting approval for the addition of 27 counties to provide home health services limited to the home infusion. The additional service area will include Anderson, Bledsoe, Blount, Bradley, Cumberland, Fayette, Hamilton, Hardeman, Hardin, Haywood, Jefferson, Knox, Lauderdale, Loudon, McMinn, McNairy, Marion, Meigs, Monroe, Morgan, Polk, Rhea, Roane, Sequatchie, Sevier, Shelby, and Tipton Counties.

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Note to Agency members: The applicant originally requested 28 counties; however a Notice of Intent was not published in a newspaper of general circulation for Van Buren County so Van Buren County has been removed from consideration.

SERVICE SPECIFIC CRITERIA AND STANDARD REVIEW

HOME HEALTH SERVICES

1. **Determination of Need:** In a given county, 1.5 percent of the total population will be considered as the need estimate for home health services in that county. This 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed Service Area.

See Standard #3 below.

2. The need for home health services should be projected three years from the latest available year of final JAR data.

See Standard #3 below.

3. The use rate of existing home health agencies in each county of the Service Area will be determined by examining the latest utilization rate as calculated from the JARs of existing home health agencies in the Service Area. Based on the number of patients served by home health agencies in the Service Area, estimation will be made as to how many patients could be served in the future.

According to the Department of Health Report that is based on 2017 data and projected for Year 2020, home health patients, generally speaking, are being adequately served by the existing home health agencies licensed to provide services in the service area.

4. County Need Standard: The applicant should demonstrate that there is a need for home health services in each county in the proposed Service Area by providing documentation (e.g., letters) where: a) health care providers had difficulty or were unable successfully to refer a patient to a home care organization and/or were dissatisfied with the quality of services provided by existing home care organizations based on Medicare's system Home Health Compare and/or similar data; b) potential patients or providers in the proposed

Service Area attempted to find appropriate home health services but were not able to secure such services; c) providers supply an estimate of the potential number of patients that they might refer to the applicant.

Four letters of support were provided-two from Vanderbilt Neurology in Nashville, one from Affiliated Neurologists serving the Nashville area and the other from a physician's practice located in Jefferson County in East Tennessee. The letters were provided by a neurologist, a neurology practice nurse, nurse case manager, and what appear to be a certified clinical medical assistant. The letters reference staffing issues including finding qualified nurses to provide specialized infusion care.

None of the letters cite specific instances where referrals were unable to be made, where patients were dissatisfied with services provided by other agencies and/or an estimate of potential referrals.

It appears this criterion has been partially met.

5. Current Service Area Utilization: The applicant should document by county: a) all existing providers of home health services within the proposed Service Area; and b) the number of patients served during the most recent 12-month period for which data are available. To characterize existing providers located within Tennessee, the applicant should use final data provided by the JARs maintained by the Tennessee Department of Health. In each county of the proposed Service Area, the applicant should identify home health agencies that have reported serving 5 or fewer patients for each of the last three years based on final and available JAR data. If an agency in the proposed Service Area who serves few or no patients is opposing the application, that opponent agency should provide evidence as to why it does not serve a larger number of patients.

There are 99 home health agencies that serve one or more of the proposed service area counties. There were 63,551 total home health patients served that resided in the proposed service area counties in 2017. There were 9 agencies in the proposed service area that performed infusion services in 2017.

It appears this criterion has been met.

6. Adequate Staffing: Using TDH Licensure data, the applicant should document a plan demonstrating the intent and ability to recruit, hire, train, assess competencies of, supervise, and retain the appropriate numbers of qualified personnel to provide the services described in the application and

document that such personnel are available to work in the proposed Service Area. The applicant should state the percentage of qualified personnel directly employed or employed through a third party staffing agency.

The applicant has active contracts with staffing agencies to cover the proposed service area. There are currently 23 nurses available via staffing agency to service these counties.

It appears this criterion has been met.

7. Community Linkage Plan: The applicant should provide a community linkage plan that demonstrates factors such as, but not limited to, referral arrangements with appropriate health care system providers/services (that comply with CMS patient choice protections) and working agreements with other related community services assuring continuity of care focusing on coordinated, integrated systems. A new provider may submit a proposed community linkage plan.

The applicant and specialty pharmaceutical representatives have relationships with physicians that work to build and improve linkages across private and public health organizations within communities.

It appears this criterion has been met.

8. TennCare Managed Care Organizations (MCOs) and Financial Viability: Given the time frame required to obtain Medicare certification, an applicant proposing to contract with the Bureau of TennCare's MCOs should provide evidence of financial viability during the time period necessary to receive such certification. Applicants should be aware that MCOs are under no obligation to contract with home care organizations, even if Medicare certification is obtained, and that Private Duty Services are not Medicare certifiable services. Applicants who believe there is a need to serve TennCare patients should contact the TennCare MCOs in the region of the proposed Service Area and inquire whether their panels are open for home health services, as advised in the notice posted on the HSDA website, to determine whether at any given point there is a need for a provider in a particular area of the state; letters from the TennCare MCOs should be provided to document such need. See Note 2 for additional information.

Applicants should also provide information on projected revenue sources, including non-TennCare revenue sources.

The applicant provided clarifying information indicating Option Care's home health agency is not certified for Medicare or TennCare/Medicaid. The pharmacy is a Medicare provider and all revenue will be generated from the medication to be infused. The infusion nursing will be rolled into medication revenue, i.e., there will be no separate charge for infusion nursing. With that being said, the payor mix for the pharmacy is expected to be 70% Medicare and 30% Commercial.

It appears this criterion has been met.

- 9. **Proposed Charges:** The applicant's proposed charges should be reasonable in comparison with those of other similar agencies in the Service Area or in adjoining service areas. The applicant should list:
- a. The average charge per visit and/or episode of care by service category, if available in the JAR data.

Very few home health agencies that provide infusion nursing provide charge data in the JAR. Those that do, appear to only provide the charge for the nursing visits. The applicant rolls the nursing visit into the medication charge, so that there does not appear to be comparable data.

It appears this criterion cannot be evaluated.

b. The average charge per patient based upon the projected number of visits and/or episodes of care and/or hours per patient, if available in the JAR data.

Very few home health agencies that provide infusion nursing provide charge data in the JAR. Those that do, appear to only provide the charge for the nursing visits. The applicant rolls the nursing visit into the medication charge, so that there does not appear to be comparable data.

It appears this criterion <u>cannot be evaluated</u>.

10. Access: In concert with the factors set forth in HSDA Rule 0720-11-.01(1) (which lists those factors concerning need on which an application may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is limited access in the proposed Service Area for groups with special medical needs such as, but not limited to, medically fragile children, newborns and their mothers, and HIV/AIDS patients. Pediatrics is a special medical needs population, and therefore any provider applying to

provide these services should demonstrate documentation of adequately trained staff specific to this population's needs with a plan to provide ongoing best practice education. For purposes of this Standard, an applicant should document need using population, service, special needs, and/or disease incidence rates. If granted, the Certificate of Need should be restricted on condition, and thus in its licensure, to serving the special group or groups identified in the application. The restricting language should be as follows: CONDITION: Home health agency services are limited to (*identified specialty service group*); the expansion of service beyond (*identified specialty service group*) will require the filing of a new Certificate of Need application. Please see Note 3 regarding federal law prohibitions on discrimination in the provision of health care services.

The applicant will be servicing a medically fragile population. Nurses go through special training. If approved, this CON will be limited to patients in need of infusion services.

It appears this criterion has been met.

11. Quality Control and Monitoring: The applicant should identify and document its existing or proposed plan for data reporting (including data on patient re-admission to hospitals), quality improvement, and an outcome and process monitoring system (including continuum of care and transitions of care from acute care facilities). If applicable, the applicant should provide documentation that it is, or that it intends to be, fully accredited by the Joint Commission, the Community Health Accreditation Program, Inc., the Accreditation Commission for Health Care, and/or other accrediting body with deeming authority for home health services from CMS.

Option Care takes a proactive approach to identifying, analyzing, and improving its processes to deliver consistent higher quality outcomes. Option Care tracks rehospitalizations, line infections, HIPPA events, medication events, delivery error rate, clean room operational days, and required continuing training. Results are reviewed quarterly. Option Care is accredited by the Accreditation Committee for Healthcare (ACHC).

It appears this criterion has been met.

12. Data Requirements: Applicants should agree to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested. As a

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standard of practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.

The applicant will continue to provide all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested.

It appears this criterion has been met.

Staff Summary

Note to Agency members: This staff summary is a synopsis of the original application and supplemental responses submitted by the applicant. Any HSDA Staff comments will be presented as a "Note to Agency members" in bold italics.

Application Synopsis

Option Care Infusion Services, LLC d/b/a Vanderbilt HC/Options Care IV Services (Option Care) is requesting approval for the addition of 27 counties to provide home health services limited to the home infusion to its existing 33 county service area. The counties currently licensed are Bedford, Cannon, Cheatham, Coffee, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hickman, Houston, Humphreys, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Montgomery, Moore, Perry, Putnam, Robertson, Rutherford, Smith, Sumner, Trousdale, Warren, Wayne, White, Williamson, The additional service area will include Anderson, Bledsoe, Blount, Bradley, Cumberland, Fayette, Hamilton, Hardeman, Hardin, Haywood, Jefferson, Knox, Lauderdale, Loudon, McMinn, McNairy, Marion, Meigs, Monroe, Morgan, Polk, Rhea, Roane, Sequatchie, Sevier, Shelby, and Tipton Counties. designating the existing counties and proposed counties is included in Supplemental #2. The principal office will be located in Nashville (Davidson County).

Infusion services are the administration of a drug that the physician has ordered to be administered intravenously. Infusion services are administered for diseases such as Crohn's Disease, Multiple Sclerosis, some forms of arthritis, amyotrophic lateral sclerosis (ALS), immune deficiency such as common variable immunodeficiency, Myasthenia Gravis, and congestive heart failure.

The applicant does not intend to seek Medicare or TennCare/Medicaid certification for the nursing service; however the pharmacy is Medicare certified and patient charges will only include charges for the drugs administered. There

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According to clarifying information provided by the applicant, if available, an infusion patient will be transferred to a Medicare-certified agency or another alternative site of care once the patient is deemed to be homebound.

If approved, the applicant expects to initiate services in the requested counties in August 2018.

Facility Information

- The applicant will utilize its existing home office in Nashville (Davidson County) for the additional requested counties.
- There is no construction, renovation or modification required to implement the proposed project.

Ownership

- Option Care Infusion Services, LLC is an active Tennessee registered limited liability company formed March 20, 2008.
- Option Care Infusion Services, LLC is equally owned by Vanderbilt Health Services and Option Care Enterprises.

History

- This agency initially came into existence via a CON approved (CN9805-027A) by the Health Facilities Commission on August 26, 1998 for Pharmaceutical Services of Franklin, Inc.
- The applicant acquired the agency in 2008 from Curascript IP.
- The applicant received CON approval from the Agency on February 22, 2017 (CN1612-040) to relocate its home office from Williamson County to its current site in Nashville (Davidson County)

<u>NEED</u>

Project Need

- There are residents in the 27 counties being requested that have specialty home infusion therapy needs.
- Recent market analysis projects that home infusion will grow 9% annually through 2023.
- Option Care has been selected as the only national home infusion provider to participate in a limited network for a new ALS drug, RADICAVA (edaravone).

Service Area Demographics

- The total population of the 27 county service area is estimated at 2,967,448 residents in calendar year (CY) 2018 increasing by approximately 3.4% to 3,066,966 residents in CY 2022.
- The overall statewide population is projected to grow by 4.4% from 2018 to 2022.
- The proposed service area 18+ population will increase 3.8% from 2,294,798 in 2018 to 2,381,318 in 2022. The statewide 18+ population will increase 4.8% between 2018 and 2022 from 5,367,165 to 5,624,053.
- The latest 2018 percentage of the service area population enrolled in the TennCare program is approximately 21.2%, as compared to the statewide enrollment proportion of 20.6%.

Sources: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics, U.S. Census Bureau, Bureau of TennCare.

The 27 counties that consist of the applicant's proposed service area are presented in the table below. The applicant is expanding its service area both to the west and the east of the existing counties. A (W) next to the county indicates it is west of the current service area and an (E) indicates the county is east of the current service area. 19 counties are to the east of the current service area and 8 counties to the west. This is displayed in a map in the second supplemental response.

Anderson (E)	Bledsoe (E)	Blount (E)	Bradley (E)
Cumberland (E)	Fayette (W)	Hamilton (E)	Hardeman (W)
Hardin (W)	Haywood (W)	Jefferson (E)	Knox (E)
Lauderdale (W)	Loudon (E)	McMinn (E)	McNairy (W)
Marion (E)	Meigs (E)	Monroe (E)	Morgan (E)
Polk (E)	Rhea (E)	Roane (E)	Sequatchie (E)
Sevier (E)	Shelby (W)	Tipton (W)	

Service Area Historical Utilization

- There are 99 home health agencies that serve one or more of the proposed service area counties.
- The following table identifies the number of agencies licensed to serve each of the proposed service area counties and the number of agencies serving 5 or more patients in each county in 2015-2017.

County	#Licensed	#Agencies	#Agencies	#Agencies	% Agencies
	Agencies	Serving 5+ patients-2017	Serving 5+ patients- 2016	Serving 5+ patients- 2015	Serving 5+ patients- 2017
Anderson	27	16	15	15	59%
Bledsoe	19	4	5	5	21%
Blount	22	16	16	13	73%
Bradley	23	14	14	16	61%
Cumberland	21	11	11	11	52%
Fayette	30	12	15	13	40%
Hamilton	22	15	15	15	68%
Hardeman	23	12	11	13	52%
Hardin	21	12	12	12	57%
Haywood	22	10	8	10	45%
Jefferson	22	11	9	12	50%
Knox	27	23	20	18	85%
Lauderdale	20	9	9	8	45%
Loudon	28	22	20	18	79%
Marion	21	11	10	10	52%
McMinn	25	13	13	14	52%
McNairy	21	11	12	13	52%
Meigs	24	12	13	13	50%
Monroe	22	14	12	12	64%
Morgan	28	11	11	11	39%
Polk	18	9	8	9	50%
Rhea	23	13	10	10	57%
Roane	29	15	17	16	52%
Sequatchie	22	9	8	10	41%
Sevier	21	11	11	11	52%
Shelby	30	23	23	23	77%
Tipton	31	13	16	16	42%

- The table above indicates that for the service area counties, the range of agencies licensed to serve a county and serviced 5 or more patients annually was as low as 21% (Bledsoe County) and as high as 85% in Knox County.
- There was 1 county in the 20-29% range, 1 county in the 30-39% range, 5 counties in the 40-49% range, 13 counties in the 50-59% range, 3 counties

in the 60-69% range, 3 counties in the 70-79% range, and 1 county in the 80-89% range.

Total Home Health Patients Served Trends by County							
Source: Home Hea							
2017							
County	2015	2016	2017	Percent			
				Changed			
Anderson	2,466	2,567	2,375	-3.69%			
Bledsoe	425	382	301	-29.18%			
Blount	2,871	2,595	2,860	-0.38%			
Bradley	2,501	2,600	2,683	7.28%			
Cumberland	1,838	1,711	1,669	-9.19%			
Fayette	707	753	787	11.32%			
Hamilton	8,287	6,710	8,566	3.37%			
Hardeman	920	886	836	-9.13%			
Hardin	1,090	1,155	1,141	4.68%			
Haywood	649	538	538	-17.10%			
Jefferson	1,508	1,593	1,607	6.56%			
Knox	8,639	7,611	9,467	9.58%			
Lauderdale	682	809	1,041	52.64%			
Loudon	1,448	1,580	1,536	6.08%			
McMinn	1,499	1,610	1,339	-10.67%			
McNairy	1,138	1,267	1,295	13.80%			
Marion	678	586	717	5.75%			
Meigs	368	366	386	4.89%			
Monroe	1,183	1,427	1,414	19.53%			
Morgan	518	485	445	-14.09%			
Polk	419	406	475	13.37%			
Rhea	809	744	683	<i>-</i> 15.57%			
Roane	2,035	2,041	1,757	-13.66%			
Sequatchie	435	386	366	-15.86%			
Sevier	1,975	2,014	1,862	-5.72%			
Shelby	15,765	17,136	16,623	5.44%			
Tipton	1,172	1,348	782	-33.28%			
TOTAL	62,025	61,306	63,551	2.46%			

The chart above identifies the trends of home health patients served residing in the proposed service area counties:

- Overall home health visits increased 2.46% in the 27 proposed counties between 2015 and 2017.
- The percentage change range by county was +52.64% in Lauderdale County to -33.28% in Tipton County.

The following table displays that of the 99 agencies licensed to serve one or more of the proposed service area counties, only 9 agencies reported infusion nursing utilization in 2017.

Note to Agency members: There is one agency, AxelaCare Health Solutions, LLC, that has one license with a home office in Memphis (Shelby County) that had three CONs approved (one for West Tennessee filed in 2016, and two filed in 2017, one for East Tennessee and the other for Middle Tennessee) to provide IG pharmaceuticals to all 95 counties that has not been in operation long enough to report utilization for the Joint Annual Report.

Home	Agency	Infusion	Infusion
County		Visits	Hours
Clay	Cumberland River Home Care	2	NR
Coffee	Suncrest Home Health	64	93
Davidson	Coram CVS Specialty Infusion Services	297	1,514
Hamilton	Maxim Healthcare Services	82	117
Knox	Coram CVS Specialty Infusion Services	347	467
Maury	NHC Homecare	200	NR
Shelby	Coram CVS Specialty Infusion Services	263	958
Shelby	Quality Home Health Service	2	2
Shelby	Still Waters Home Health Agency	2	2
TOTAL	经验证的	3,153	NA

Source: 2015-2017 JAR NR=Not Reported NA=Not Available

Applicant's Historical and Projected Utilization

• The applicant provided the following historical and projected utilization:

Year	2015	2016	2017	2018*	2019*	2020*
Patients	200	307	504	580	632	689
Visits	1,308	1,733	2,284	2,627	2,863	3,121

*Projected Source: CN1803-012

• Based on the past 4 year trend, the applicant projects a 15% growth rate for 2018 and a 9% growth rate for Year 2019 and Year 2020.

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ECONOMIC FEASIBILITY

Project Cost

The applicant does not expect to incur any project costs other than the CON filing fee.

Financing

- Option Care has funded the filing fee for the project through cash reserves.
- A March 8, 2018 letter from Nicolas C. Sassali, Senior Director, Treasury and Tax, Option Care, confirms the availability of funds for the project.
- Option Care's unaudited financial statements for the period ending December 31, 2017, indicates \$282,000 in cash and cash equivalents, total current assets of \$7,855,000, total current liabilities of \$2,159,000 and a current ratio of 3.63:1. This suggests that Option Care should have the liquidity to fund the project.

Current ratio is a measure of liquidity and is the ratio of current assets to current liabilities which measures the ability of an entity to cover its current liabilities with its existing current assets. A ratio of 1:1 would be required to have the minimum amount of assets needed to cover current liabilities.

Net Operating Margin Ratio

• The applicant projects a net operating margin ratio for the total home health agency of 12.5% in Year 1 and 12.2% in Year 2.

Note to Agency Members: The net operating margin demonstrates how much revenue is left over after all the variable or operating costs have been paid.

Capitalization Ratio

• The applicant's capitalization ratio based on unaudited financial statements is 47.5%.

Note to Agency Members: The capitalization ratio measures the proportion of debt financing in a business's permanent financing mix.

Historical Data Chart

- According to the Historical Data Chart, Option Care experienced profitable net income for the three most recent years reported: \$1,479,758 for 2015; \$437,254 for 2016; and \$1,111,041.
- The applicant reported a negative net balance (Net Income [Annual Principal Debt Repayment + Annual Capital Expenditure]) of (\$1,564,810)

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Projected Data Chart

The applicant submitted the following two Projected Data Charts.

1) Proposed Counties

- The Projected Data Chart for the proposed counties reflects \$5,091,621 in total gross revenue on 755 patient visits during the first year of operation and \$7,094,882 on 1,052 patient visits in Year Two (approximately \$6,743 per visit).
- Free Cash Flow (Net Balance + Depreciation) is estimated at \$116,112 in Year One increasing to \$301,049 in Year Two.

2) Existing + Proposed Counties

• The Projected Data Chart for the existing and proposed counties reflects \$34,439,340 in total gross revenue on 2,863 patient visits during the first year of operation and \$38,190,431 on 3,121 patient visits in Year Two (approximately \$12,237 per visit).

Note to Agency members: The Projected Data Chart actually reported 3,618 visits in 2019 and 4,173 visits in 2020. The applicant provided clarifying information that corrected the visits numbers to 2,863 visits in Year 1 and 3,121 visits in Year 2.

Note to Agency members: Clarifying information filed by the applicant indicates that the revenue reported is generated from the dispensing of the drugs as the nursing visit is rolled into the charge for the drugs, i.e. there is no separate charge for the skilled nursing visit.

• Free Cash Flow (Net Balance + Depreciation) is estimated at \$4,202,401 in Year One increasing to \$4,565,727 in Year Two.

Charges

In Year One of the proposed project, the average charges per visit are as follows:

- The proposed average gross charge is \$9,519.00/ patient visits.
- The average deduction is \$200.00/patient visit, producing an average net charge of \$9,319/patient case.

Medicare/TennCare Payor Mix (Nursing + Pharmaceuticals in proposed counties)

- The home health agency will not be Medicare or Medicaid certified.
- The pharmacy is Medicare certified so that the payor mix is expected to be 70% Medicare (\$3,563,993 gross revenue) and 30% commercial (\$1,527,628 gross revenue).

Staffing

The applicant's proposed direct care staffing is as follows:

Position	Existing FTEs 2018	Year One FTEs 2019
Nursing Staff	11.0	13.0
Pharmacy Staff	21.0	23.0
Clinical Liaisons and Dieticians	8.0	8.0
Warehouse Distribution & Delivery	4.0	4.0
Total	44.0	44.8

Source: CN1803-012

PROVIDE HEALTHCARE THAT MEETS APPROPRIATE QUALITY STANDARDS

Licensure

- The applicant is licensed by the Tennessee Department of Health.
- A letter dated June 18, 2015 from the Tennessee Department of Health states that no deficiencies were cited as a result of a survey completed on June 15, 2015. The applicant also includes a copy of a license that expires on April 3, 2019.

Certification

• The nursing service is not expected to seek Medicare or Medicaid/TennCare certification.

Accreditation

• The applicant is currently accredited by the Accreditation Commission for Health Care effective date of April 15, 2017 valid until April 14, 2020.

Other Quality Standards

• In the first supplemental response the applicant commits to obtaining and/or maintaining the following:

- Staffing levels comparable to the staffing chart presented in the CON application
- Licenses in good standing
- o Three years compliance with federal and state regulations
- Has not been decertified in last three years
- o Self-assessment and external peer assessment processes
- Data reporting, quality improvement, and outcome/process monitoring systems

CONTRIBUTION TO THE ORDERLY DEVLOPMENT OF HEALTHCARE

Agreements

- The applicant is a joint venture between Option Care Enterprises, Inc. and Vanderbilt Health Services, LLC.
- Option Care Infusion Services, LLC has contractual agreements with multiple home health agencies.

Impact on Existing Providers

- The applicant plans to serve patients who are in need of infused medications that require oversight through the whole infusion.
- The applicant states that this request will have no negative effect on the healthcare system.

Final Order

• The applicant provides a copy of Consent Order from the Board of Pharmacy, Department of Health, regarding the pharmacy license that includes Stipulations of Facts, Stipulated Grounds for Discipline and Stipulated Disposition. This Consent Order can be found in the back of the original application.

The applicant has submitted the required information on corporate documentation and facility lease. Staff will have a copy of these documents available for member reference at the meeting. Copies are also available for review at the Health Services and Development Agency's office.

Should the Agency vote to approve this project, the CON would expire in two years.

CERTIFICATE OF NEED INFORMATION FOR THE APPLICANT

There are no other Letters of Intent, denied or pending applications, or outstanding Certificates of Need for this applicant.

Vanderbilt Health Services has a financial interest in this project and the following:

Pending Applications

Vanderbilt University Medical Center, CN1803-016 has a pending application scheduled to be heard at the June 27, 2018 Agency meeting for the addition of 14 adult psychiatric beds. If approved, this will increase the psychiatric licensed bed complement to 106. The estimated project cost is **\$4,214,113**.

Outstanding Certificates of Need

Vanderbilt University Medical Center, CN1705-016A has an outstanding Certificate of Need that will expire on October 1, 2020. The application was approved at the August 23, 2017 Agency meeting for the addition of a 3.0 Tesla magnetic resonance imaging (MRI) unit dedicated to pediatrics on the Monroe Carell Jr. Children's Hospital at Vanderbilt (MCJCHV) campus. If approved, the proposed MRI unit will be the third MRI unit dedicated to pediatrics. The estimated project cost is \$5,097,233.77. Project Status Update: According to the applicant construction for the MRI is underway.

Vanderbilt University Medical Center, CN1602-010A, has an outstanding Certificate of Need that will expire on June 1, 2019. The application was approved at the April 27, 2016 Agency meeting for relocation of the Clinical Research Center (CRC) from the third floor of the Medical Center North Building to the second floor of the Round Wing also part of the Medical Center North Building. The relocated CRC will house 5 relocated inpatient licensed beds and 6 exam/outpatient rooms. In addition, ancillary and administration space will be added to support these programs. The total licensed bed complement of the medical center will not change due to this project. The estimated project cost is \$10,579,159. Project Status Update: According to the applicant construction is well underway and is expected to be complete by Fall 2018.

Vanderbilt University Hospitals, CN1406-021A, has an outstanding Certificate of Need that will expire on November 1, 2020. The CON was approved at the

September 24, 2014 Agency meeting for the relocation of the obstetrical program, the newborn nursery, and the neonatal unit from Vanderbilt University Hospital to Monroe Carell Jr. Children's Hospital, the addition of 23 obstetrical beds and 24 neonatal/pediatric critical care beds, the addition of 61 adult acute care beds, the renovation of 79,873 square feet and new construction of 126,686 square feet. The estimated total project cost is \$118,276,950.00. Project status update: According to the applicant, this project includes several major components and is being implemented in stages. The first stage of the project is focused on observation units on the VUMC campus, which are currently constructed and occupied. The next component is adding NICU/Critical Care Pediatric Beds on the 10 and 11th floor of Monroe Carell Jr. Children's Hospital at Vanderbilt. The third and fourth components regard the construction of additional floors of Medical Center East.

Monroe Carell Jr. Children's Hospital at Vanderbilt, CN0710-075AE, has an outstanding Certificate of Need that will expire on November 2020. Certificate of Need was approved at the January 23, 2008 Agency meeting to expand the existing Monroe Carell Jr. Children's Hospital at Vanderbilt (MCJCHV) through an adjacent building connected to the existing hospital. The expansion will provide 90 additional pediatric acute critical care beds, 26 neonatal intensive care beds (16 relocated), and an expanded obstetrical service including 36 relocated postpartum beds, 12 new antepartum beds, 16 labor and delivery suites (12 relocated), 2 relocated operating rooms and 1 new obstetric operating room. Five pediatric operating rooms are proposed on the third floor which will also contain 5 additional shelled operating rooms to accommodate MCJCHV is not licensed separately from Vanderbilt continued growth. University Hospital (VUH). VUH's licensed bed capacity will increase from 946 to 1,051. The estimated project cost is \$140,000,000.00. The Agency approved a modification to this project at the December 13, 2017 meeting that extended the expiration date from March 2018 to November 2020 and increased the project cost from \$120,000,000 to \$140,000,000. Project Status: The applicant reported that construction is well under way.

CERTIFICATE OF NEED INFORMATION FOR OTHER SERVICE AREA FACILITIES:

There are no other Letters of Intent for other health care organizations in the service area proposing this type of service.

Pending Applications

Intrathecal Care Solutions, LLC d/b/a/Advanced Nursing Solutions, CN1804-019, has a pending application scheduled to be heard at the October 24, 2018 Agency meeting for the establishment of a home health agency to serve all 95 Tennessee counties specializing in intrathecal and immunological infusion nursing services. The estimated project cost was \$48,936.

Denied Applications

Premier Health Care, PLLC, CN1608-027D, was denied at the February 22, 2017 Agency meeting for the establishment of a home care organization and initiation of home health services in Fayette, Haywood, Madison, Shelby and Tipton Counties.. The parent office was to be located at 2855 Stage Village Cove, Suite #5, Memphis (Shelby County) Tennessee. The estimated project cost was \$50,000. Reason for Denial: The application was not meeting the needs of the community.

CAMM Care LLC d/b/a Patriot Homecare, CN1506-023D, was denied at the September 28, 2015 Agency meeting for the establishment of a home health agency limited to Energy Employees Occupational Illness Compensation Program Act (EEOICPA) patients which is administered by the United States Department of Labor. The parent office was to be located at 514 Devonia Street, Harriman (Roane County), Tennessee. The service area consisted of Anderson, Knox, Meigs, Morgan, and Roane counties. The estimated project cost was \$41,080. Reason for Denial: The application did not provide evidence that services would be unique to services already provided by existing agencies in the service area.

Love Ones, CN1309-033D, was denied at the February 26, 2014 Agency meeting for the establishment of a home care organization and the initiation of home health service in Shelby Fayette, and Tipton Counties. The parent office was to be located at 2502 Mount Moriah, Suite A-148, Memphis (Shelby County), TN 38116. The estimated project cost was \$177,800. Reason for Denial: There has not been a supported need in this particular area as existing agencies can accommodate a greater need and the project is not economically feasible as the applicant has underestimated the costs of operating a Medicare-certified home health agency.

Outstanding Certificates of Need

Tennessee Nursing Services of Morristown, Inc. d/b/a SunCrest Home Health, CN1612-042A, has an outstanding Certificate of Need that will expire June 1,

OPTION CARE INFUSION SERVICES, LLC D/B/A VANDERBILT
HC/OPTION CARE IV SERVICES
CN1803-012
JUNE 27, 2018

PAGE 19

2019. The application was approved at the April 26, 2017 Agency meeting for the relocation of the applicant's principal office from 409 Cawood Road, Tazewell (Claiborne County), to 657 Broadway, Suite C, Jefferson City (Jefferson County), TN. The service area consists of Campbell, Claiborne, Cocke, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Sullivan, and Union Counties. The estimated project cost is \$306,432. Project Status: A June 1, 2018 email from a representative of the applicant indicated that the project had been implemented. The applicant is in the process of completing the Final Progress Report.

PLEASE REFER TO THE REPORT BY THE DEPARTMENT OF DEPARTMENT OF HEALTH, DIVISION OF HEALTH STATISTICS, FOR A DETAILED ANALYSIS OF THE STATUTORY CRITERIA OF NEED, ECONOMIC FEASIBILITY, HEALTH CARE THAT MEETS APPROPRIATE QUALITY STANDARDS, AND CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE IN THE AREA FOR THIS PROJECT. THAT REPORT IS ATTACHED TO THIS SUMMARY IMMEDIATELY FOLLOWING THE COLOR DIVIDER PAGE.

MAF 6/18/18

OPTION CARE INFUSION SERVICES, LLC D/B/A VANDERBILT HC/OPTION CARE IV SERVICES CN1803-012 JUNE 27, 2018

PAGE 20

LETTER OF INTENT



State of Tennessee Health Services and Development Agency Andrew Jackson Building, 9th Floor

502 Deaderick Street Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is to be published in the	Van Buren News	which is a newspaper
of general circulation in Van Buren	(Name of Newspaper) , Tennessee, on or	before March, 10 , 20/8, (Year)
for one day.		
This is to provide official notice to the Health Saccordance with T.C.A. § 68-11-1601 et seq., atthat:	Services and Development and the Rules of the Health	Agency and all interested parties, in Services and Development Agency
Option Care infusion Services: LLC DBA Vanderbilt HC/Option Care IV Services located at 624 Grassmere Park D	Or , Ste 22, Nashville, TN 37215	ome Health Agency
(Name of Applicant)	,	Facility Type-Existing)
owned by: Option Care Infusion Services, LLC	with an ownership ty	pe of joint venture
and to be managed by: Option Care Infusion Service for [PROJECT DESCRIPTION BEGINS HERE]: An expansion of frome Anderson, Bledsoe, Blounl, Bradley, Cumberland, Fayette, Hardin, Haywood, Knox, Hami	health intravenous specially care services throughout E	ast and West TN to include the addition of the following countles,
Rhea Roane Savier Shelby Tiplon, Sequatone Current CON countres, Bedford, Cannon, Cheatham,	Coffee, Davidson, Dekalb, Dickson, Franklin, Giles, Grundy	Hickman, Houston, Humphreys, Lawrenco, Lewis, Lincoln, Macon, Marshall,
Maury, Montgomery, Moore, Perry, Putnam, Robertson, Rulherford, Smilh, S	umner, Trousdale, Warren, Wayne, White, V	Villiamson, Wilson. Estimated project cost is \$15,000.00.
The anticipated date of filing the application is:	MARCH 9 .20	18
The contact person for this project is Julie Koeni who may be reached at: Option Care Infusion Services, LLC, 624 G	g, Sr. VP-Ops/Meggie Oram (Contact Name)	na, DON (Title)
(Company Name)		(Address)
Nashville TN	37211	888 / <u>726-0776</u>
De enie Drand	(Zip Code) (3/09/2018	(Area Code / Phone Number) meggie.orama@optioncare.com
(Signature)	(Date)	(E-mail Address)
The Letter of Intent must be <u>filed in triplicate</u> and last day for filing is a Saturday, Sunday or State	received between the first Holiday, filing must occur	and the tenth day of the month. If the on the preceding business day. File

this form at the following address:

Health Services and Development Agency Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

HF51 (Revised 01/09/2013 – all forms prior to this date are obsolete)



Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is t	o be published in the	Knoxville Sentinel	wh	ich is a newspaper
of general circulation in	n Brauet Curriorium Jefferster, Knos. Louden, McMan. Vances ROANE SEVEE (County)	(Name of Newspaper) , Tennessee, on or b	pefore March,	10 , 20 /8, (Year)
for one day.	Venesalin			(,
This is to provide official naccordance with T.C.A. § 6 that:	otice to the Health Servise-11-1601 et seq., and	rices and Development the Rules of the Health	Agency and a Services and	Il interested parties, in Development Agency,
Option Care Infusion Services U.C. OBA Vanderbill HC/Option	Care IV Services located at, 624 Grassmere Park Ur Ste	ZZ, Nashville TN 37211	ome Health Ag	ency
(Name of Applicant)		·	acility Type-Existin	
owned by: Option Care Infu	sion Services, LLC	with an ownership ty	pe of joint ven	ture
and to be managed by: Op	tion Care Infusion Services,			
for [PROJECT DESCRIPTION BEG		intravenous specially care services throughout Ea		
Anderson, Bledsoe, Blount, Bradley, Cumberland,	INO HERE].			
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Maury, Montgomery, Moore, Perry, Pulnam	, Robertson, Rutherford, Smith, Sumne	r, Trousdale, Warren, Wayne, White, W	filliamson, Wilson. Es	timated project cost is \$15,000,00,
The anticipated date of filing	the application is: MK	PRCH 9 .20	18	
The contact person for this	project is Julie Koenig, S	Sr. VP-Ops/Meggie Oram	a, DON	
THE COMMENT POLOCITION WHO	brologr in	(Conlact Name)		(Title)
who may be reached at: Option	an Care Infusion Services, LLC, 624 Grassm	ere Park Dr., Ste. 22		
,	(Company Name)		(Address)	
Nashville	TN	37211	888	_/ 726-0776
(City)	(State)	(Zip Code)	(Area	Code / Phone Number)
Morial) Lacor	03/09/2018	mengie o	rama@optioncare.com
(Signatu	re)	(Date)		E-mail Address)
	···			
The Letter of Intent must be	filed in triplicate and rec	eived between the first	and the tenth	day of the month. If the
last day for filing is a Satur		oliday, filing must occur	on the preced	ing business day. File
this form at the following ad		4 D		
		and Development Agend kson Building, 9 th Floor	су	
•.		eaderick Street		
		, Tennessee 37243		
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The published Letter of Intent	must contain the following	statement pursuant to T.0	C.A. § 68-11-16	607(c)(1). (A) Any health

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.



Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is to be published in th	ne Chattanooga T	imes Free Press	_which is a newspaper
of general circulation in Sledsoe, Bradley Marion Meigs Hamilton Polk, (County)	Rhea, Sequalchia, Tennessee	e, on or before Ma	(Month / day), 20 18,
for one day.			(rear)
This is to provide official notice to the Health accordance with T.C.A. § 68-11-1601 et seq. that:	Services and Develo , and the Rules of the	Health Services	and Development Agency,
Option Care Infusion Services LLC DBA Vanderbill HC/Option Care IV Services located at, 624 Grassmere P	'ark Or , Sto 22, Neshville, TN 37211	Home Healt	
(Name of Applicant)		(Facility Type-E	J,
owned by: Option Care Infusion Services, LLC		ership type of joint	
and to be managed by: Option Care Infusion Ser	vices, LLC intends to fil	e an application fo	or a Certificate of Need
for [PROJECT DESCRIPTION BEGINS HERE]: An expansion of the			
Anderson, Bledsoe Blount, Bradley, Cumberland, Fayette, Hardin, Haywood, Knox, H			
Rheal Roane, Surver Shelby Tipton Sequatchie Current CON counties Bedford Cannon Cheath.			
Maury, Montgomery, Moore, Perry, Putnam, Robertson, Rutherford, Smith			
The anticipated date of filing the application is:		20 /8	
The contact person for this project is Julie Koe		e Orama, DON	
	(Contact Name)		(Title)
who may be reached at: Option Care Infusion Services, LLC, 62-	4 Grassmere Park Dr., Ste. 22		
(Company Name)		(Address)	726 0776
Nashville TN	37211	888	
(City)	State) (Zip	Code) ((Area Code / Phone Number)
Mesace Oran	03/09/2018	3 megg	gie.orama@optioncare.com
(Signature)	(Date)		(E-mail Address)
The Letter of Intent must be filed in triplicate an	d received between ti	ne first and the te	nth day of the month. If the

last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

> Health Services and Development Agency Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, Tennessee 37243

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Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is to	be published in the	The Courier	V	vhich is a nev	vspaper
of general circulation in	Hardin (County)	(Name of Newspaper) , Tennessee, on o	r before Marci		20 <u>//</u> , (Year)
for one day.					
This is to provide official no accordance with T.C.A. § 6 that:	otice to the Health Sen 8-11-1601 <i>et seq.,</i> and	rices and Developmen the Rules of the Heal	it Agency and th Services an	all interested d Developme	parties, ir ent Agency
Option Care Infusion Services LLC DBA Vanderbill HC/Option Care	are IV Services located at 624 Grassmere Park Dr., Ste	22, Nashville, TN 37211	Home Health	Agency	
(Name of Applicant)			(Facility Type-Exis		
owned by: Option Care Infus	sion Services, LLC	with an ownership	type of joint ve	enture	
and to be managed by: Opt for [PROJECT DESCRIPTION BEGIN Anderson, Bledsoe, Blount, Bradley, Cumberland, F	S HERE]: An expansion of home health	intravenous specially care services throughou	al East and West TN to includ	e the addition of the followin	ng counties;
Rhea Roane Sevier Shelby, Figtor Sequalchie Current C	ON counties Bedford, Cannon, Cheatham, Coffee	Davidson, Oekalb Dickson, Franklin, Giles, Grin	ndy Hickman, Houston, Humph	reys, Lawrence, Lewis, Linco	In, Macon, Marshall
Maury, Montgomery, Moore, Perry, Pulnam,	Robertson, Rutherford, Smlth, Sumne	r, Trousdale, Warren, Wayne, White	, Williamson, Wilson.	Estimated project cos	t is \$15,000.00.
The anticipated date of filing	the application is: M	ARCH 9 20	18		
The contact person for this p who may be reached at: Option		(Contact Name)	ma, DON	(Title)	
-	(Company Name)		(Address)		
Nashville	TN	37211	888	_/ 726-0776	
(City)	(State)	(Zip Code)	(Are	ea Code / Phone N	lumber)
no mol	Il ani	03/09/2018	meggie.	orama@option	care.com
(Signature		(Date)		(E-mail Address)	
The Letter of Intent must be 4	ilad in triplicate and re-				

The Letter of Intent must be <u>filed in triplicate</u> and <u>received between the first and the tenth</u> day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, Tennessee 37243

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Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent	is to be published in the	The McNairy County Nev	vswhich is a newspaper
of general circulation in	McNairy (County)	(Name of Newspaper) , Tennessee, on or bef	fore March, 10 , 20 12, (Year)
for one day.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
This is to provide officia accordance with T.C.A. that:	I notice to the Health Serv § 68-11-1601 <i>et seq.</i> , and	the Rules of the Health S	ency and all interested parties, in ervices and Development Agency
Option Care Infusion Services, LLC DBA Vanderbilt HC/((Name of Applicant)	option Care IV Services located at 624 Grassmere Park Dr., Ste 2		ne Health Agency
owned by: Option Care I	nfusion Services TTC	,	lity Type-Existing)
		with an ownership type	
			cation for a Certificate of Need
for [PROJECT DESCRIPTION E	EGINS HERE]: An expansion of home health	intravenous specialty care services throughout East ar	nd West TN to include the addition of the following counties:
Anderson, Bledsoe, Blount, Bradley, Cumber	апо, Fayette, Hardin, Haywood, Knox, Hamilton, М	organ, Hardeman, Jefferson, Van Buren, Lauderd	lale, Loudon, Marion, McMinn, McNairy, Meigs, Monroe, Polk,
Rhoa Roane Sevier Shelby Fipton Sequatorie C	arent CON counties, Sedford, Cannon, Cheatham, Collee,	Davidson, Dekalb, Dickson, Franklin, Giles, Grundy Hickm	nan, Houston, Humphreys, Lawrence, Lewis Lancoln, Macon, Marshall,
Maury, Montgomery, Moore, Perry, Pu	nam, Robertson, Rutherford, Smith, Sumner	r, Trousdale, Warren, Wayne, White, Willia	mson, Wilson. Estimated project cost is \$15,000,00.
The anticipated date of f	ling the application is:	ARCH 9 .20 18	
The contact person for t	nis project is <u>Julie Koenig,</u> S	r. VP-Ops/Meggie Orama, (Contact Name)	DON (Title)
who may be reached at-	Option Care Infusion Services, LLC, 624 Grassme	((Tide)
wild may be reached at.	(Company Name)		dress)
Nashville	TN	37211	888 /726-0776
(City)	(State)	(Zip Code)	(Area Code / Phone Number)
Mosgice (Sign	Manca Sature	03/09/2018 (Date)	meggie.orama@optioncare.com (E-mail Address)

The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

HF51 (Revised 01/09/2013 – all forms prior to this date are obsolete)



Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is to be publish	ned in theTh	ne Commercial Appea	which is a ne	ewspaper
of general circulation inFayette, She		(Name of Newspaper), Tennessee, on or		, 20 <u>/8</u> , (Year)
for one day.	,		(Monuti day)	(Teal)
This is to provide official notice to the accordance with T.C.A. § 68-11-1601 that:	Health Service et seq., and the	es and Development ne Rules of the Health	Agency and all interested Services and Developm	ed parties, in nent Agency
Option Care Infusion Services LLC DBA Vandarbill HC/Option Care IV Services located at	624 Grassmere Paik Dr., Ste 22, N.	ashville, TN 3/211	ome Health Agency	
(Name of Applicant)		(Facility Type-Exlstlng)	
owned by: Option Care Infusion Service	∋s, LLC	with an ownership t	pe of joint venture	
and to be managed by: Option Care Infu	sion Services, LL	^{.C} intends to file an ap	oplication for a Certificate	
for [PROJECT DESCRIPTION BEGINS HERE]: $ extstyle = extstyl$	expansion of home health intra	avenous specially care services throughout E	ast and West TN to include the addition of the follo	wing counties;
Anderson, Bledsoe, Blount, Bradley, Cumberland, Fayette, Hardin, Hayw	vood, Knox, Hamilton, Morg	an, Hardeman, Jefferson, Van Buren, La	uderdale, Loudon, Marion, McMinn, McNairy, I	Meigs, Monroe, Polk,
Rhes, Roane, Sevier, Shelby, Tiptory, Sequarchie, Currant CON counties, Bedford, C	Cannon, Chealhain, Colfee, Davi	dson, Dekalb-Dickson, Franklin, Giles, Grundy	Hickman, Houston, Humphreys, Lawrence, Lewis, Lir	coln, Macon Marsnall,
Maury, Montgomery, Moore, Perry, Putnam, Robertson, Ruthe	rford, Smilh, Sumner, T	rousdale, Warren, Wayne, White, V	Villiamson, Wilson. Estimated project of	ost is \$15,000.00.
The anticipated date of filing the applica	ation is: MAR	RCH 9 .20	18	
The contact person for this project is Ju	ulie Koenig, Sr.	VP-Ops/Meggie Oram	na, DON	2.
родосто		Contact Name)	(Title)	
who may be reached at. Option Care infusion Servi	ces, LLC, 624 Grassmere f	Park Or , Ste. 22		
(Compan			(Address)	
Nashville	TN	37211	888 /726-077	6
(City)	(State)	(Zip Code)	(Area Code / Phone	Number)
Meggie Oran	1	03/09/2018	meggie.orama@optic	oncare.com
(Signature)		(Date)	(E-mail Address	(1)
The Letter of Intent must be filed in tripli	cate and receiv	ved between the first	and the tenth day of the	month. If the

last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, Tennessee 37243

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Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

LETTER OF INTENT

Aleggee (Manual (Signature)		03/09/2018 (Date)	meggie.orama@optioncare.com (E-mail Address)
(Cry)	(State)	(Zip Code)	(Area Code / Phone Number)
Nashville	TN	37211	888 / 726-0776
(Compa	ny Name)	(Ad	ldress)
who may be reached at: Oplion Care Infusion Ser		•	(Title)
The contact person for this project is $\underline{\mathbb{J}}$	ulie Koenig, Sr	VP-Ops/Meggie Orama, (Contact Name)	DON (Title)
The anticipated date of filing the applic	***************************************	ARCH 9 20 1	8
Maury, Montgomery, Moore, Perry, Putnam, Robertson, Rulh	erford, Smith, Sumner,	Trousdale, Warren, Wayne, White, Willia	imson, Wilson, Estimated project cost is \$15,000.00.
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Anderson, Bledsoe, Blount, Bradley, Cumberland, Fayette, Hardin, Hay	wood, Knox, Hamilton, Mo	rgan, Hardeman, Jefferson, Van Buren, Lauder	dale, Loudon, Marion, McMinn, McNairy, Meigs, Monroe, Polk,
for [PROJECT DESCRIPTION BEGINS HERE]: _^	n expansion of home health in	travenous specially care services throughout East a	nd West TN to include the addition of the following counties;
and to be managed by: Option Care Info	usion Services, L	^{LC} intends to file an appl	ication for a Certificate of Need
owned by: Option Care Infusion Service		with an ownership type	
(Name of Applicant)		,	ility Type-Existing)
that: Option Care Infusion Services LLC, OBA Vanderbill HC/Option Care IV Services located at			ne Health Agency
This is to provide official notice to the accordance with T.C.A. § 68-11-1601	e Health Service et seg., and t	ces and Development Ag he Rules of the Health S	gency and all interested parties, in ervices and Development Agency
for one day.			
of general circulation inLauder		, Tennessee, on or be	fore (Month / day) 20/8, (Year)
The Publication of Intent is to be publish		(Name of Newspaper)	which is a newspaper

last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

> Health Services and Development Agency Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.



State of Tennessee Health Services and Development Agency Andrew Jackson Building, 9th Floor

502 Deaderick Street Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is to	be published in the	Brownsville Press	which is a newspaper
of general circulation in	Haywood (County)	(Name of Newspaper) , Tennessee, on or bef	ore March, 10 (Year)
for one day.	, , , , ,		(100.1)
This is to provide official no accordance with T.C.A. § 68 that:	tice to the Health Serv 3-11-1601 et seq., and	rices and Development Ag the Rules of the Health Se	ency and all interested parties, ir ervices and Development Agency
Option Care Infusion Services, LLC DBA Vanderbilt HC/Option Car	re IV Services located at 324 Grassmere Perk Dr. Ste 2	22, Nashville, TN 37211 Hom	e Health Agency
(Name of Applicant)		(Facil	lity Type-Existing)
owned by: Option Care Infus	ion Services, LLC	with an ownership type	of joint venture
		LLC intends to file an applic	cation for a Certificate of Need
for [PROJECT DESCRIPTION BEGIN	S HERE]: An expansion of home health	intravenous specialty care services throughout East an	d West TN to include the addition of the following counties:
Anderson, Bledsoe, Blount, Bradley, Cumberland, Fa	yette, Hardin, Haywood, Knox, Hamilton, M	lorgan, Hardeman, Jefferson, Van Buren, Lauderd	ale, Loudon, Marion, McMinn, McNairy, Meigs, Monroe, Polk,
Rhea Roane, Snvies Sholby, Fipton, Sequatchie Current CC	N countles: 9edford, Cannon, Chealham, Coffee,	Davidson, Dekalb, Dickson, Franklin, Giles, Grundy Hickm	an, Houston, Humphreys, Lawrence, Levris, Lincoln, Macon, Marshall
Maury, Montgomery, Moore, Perry, Putnam, F	Rutherford, Smith, Sumner	r, Trousdale, Warren, Wayne, White, Williar	mson, Wilson. Estimated project cost is \$15,000.00.
The anticipated date of filing	the application is: M	PARCH 9 20 12	3
The contact person for this p	roject is Julie Koenig, S	r. VP-Ops/Meggie Orama, I	DON
the contact percent for this p	10,000 10	(Contact Name)	(Title)
who may be reached at: Option	Care Infusion Services, LLC, 624 Grassma	ere Park Or., Ste. 22	
	(Company Name)		dress)
Nashville	TN	37211	888 /726-0776
(City)	(State)	(Zip Code)	(Area Code / Phone Number)
Theyarel	Bana	03/09/2018	meggie.orama@optioncare.com
(Signature		(Date)	(E-mail Address)
			the tenth day of the month. If the the preceding business day. File
his form at the following add		may, ming must occur on	the preceding business day, rile

Health Services and Development Agency Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, Tennessee 37243

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www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is	s to be published in the	Bolivar Bulletin	which is	a newspaper
of general circulation in _	Hardeman (County)	(Name of Newspaper) , Tennessee, on or be	efore March, 10	, 20 <u>18</u> ,
for one day.	4 =		(,, (,, ,
This is to provide official accordance with T.C.A. § that:	notice to the Health Serv 68-11-1601 <i>et seq.</i> , and	the Rules of the Health	Services and Deve	rested parties, in lopment Agency
	tion Care IV Services located at, 624 Grassmere Park Dr., Ste 2:		me Health Agency	
(Name of Applicant)	ifusion Sarvicas III C	•	cility Type-Existing)	
owned by: Option Care In		with an ownership typ		
and to be managed by: _	Option Care Infusion Services,	$\frac{LLC}{Intends}$ intends to file an app	lication for a Certif	icate of Need
for [PROJECT DESCRIPTION BE	EGINS HERE]: An expansion of home health i	intravenous specially care services throughout East	and West TN to include the addition of	of the following counties:
Anderson, Bledsoe, Blount, Bradley, Cumberla	ınd, Fayette, Hardin, Haywood, Knox, Hamilton, Mo	organ, Hardeman, Jefferson, Van Buren, Laude	ardale, Loudon, Marion, McMinn, M	IcNairy, Meigs, Monroe, Polk,
Rhea Roane Sevier Shelby Tipton Sequalchie Cur	rent CON counties; Bedfold, Carmon, Cheatham, Coffee (Davidson, Dekaib, Dickson, Franklin, Giles, Grundy, Hic	kman, Houston Humphreys, Lawrence,	Lewis, Lincoln Macon, Marshall,
Maury, Montgomery, Moore, Perry, Putn	ат, Robertson, Rutherford, Smith, Sumner	, Trousdale, Warren, Wayne, White, Will	iamson, Wilson. Estimated р	project cost is \$15,000.00.
The anticipated date of fill	ing the application is:	RRCH 9 .20	18	
	is project is Julie Koenig, S	r. VP-Ops/Meggie Orama (Contact Name)		Title)
who may be reached at:	option Care Infusion Services, LLC, 624 Grassme	ore Park Dr., Ste. 22		
	(Company Name)		(ddress)	
Nashville	TN	37211	888 / <mark>726</mark>	-0776
(City)	(State)	(Zip Code)	(Area Code /	Phone Number)
Meraie C	mana.	03/09/2018	meggie.orama@	optioncare.com
00 (Signa	ature)	(Date)	(E-mail A	ddress)
				2-2-4-2-2-2

The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, Tennessee 37243

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HF51 (Revised 01/09/2013 – all forms prior to this date are obsolete)

Application (Copy)

31

Option Care Infusion Services, LLC dba Vanderbilt HC/Option Care IV Services

CN1803-012

Landson Market Company

OPTION CARE INFUSION SERVICES, LLC DBA VANDERBILT HC/OPTIONCARE IV SERVICES

CERTIFICATE OF NEED APPLICATION TO EXPAND ITS SERVICE AREAS THROUGHOUT EAST AND WEST TENNESSEE COVERING TWENTY-EIGHT ADDITIONAL COUNTIES

SUBMITTED March 9, 2018



State of Tennessee 33

Health Services and Development Agency

Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243 www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

CERTIFICATE OF NEED APPLICATION SECTION A: APPLICANT PROFILE

1. <u>N</u> a	ame of Facility, Agency, or Institution				
	Option Care Infusion Services, LLC DBA Vanderbilt I	HC/Option Care IV Servic	es		
	ame				
	624 Grassmere Park Drive, Suite 22		i	Davidson	
	reet or Route	-	-	County	
N	lashville	TN	:	37211	
Cit	ty	State	(Zip Code	
W	ebsite address: <u>www.optioncare.com</u>			·	
Note: The facility's name and address <u>must be</u> the name and address of the project and <u>must be</u> consistent with the Publication of Intent.					
2. <u>Co</u>	ontact Person Available for Responses	to Questions			
J	ulie Koenig/Meggie Orama		VP of Oper	rations/Nurse Manager	
Na	me	_		Γitle	
Opt	ion Care Infusion Services, LLC DBA Vanderbilt HC/	Option Care IV Services	iuliekoeni	g@optioncare.com	
	mpany Name			il address	
6	24 Grassmere Park Drive, Suite 22	Nashville	TN	37211	
	eet or Route	City	State	Zip Code	
V	P of Operations	877-726-0776		615-250-9813	
-	sociation with Owner	Phone Number	Fax Number		

NOTE: Section A is intended to give the applicant an opportunity to describe the project. Section B addresses how the project relates to the criteria for a Certificate of Need by addressing: Need, Economic Feasibility, Contribution to the Orderly Development of Health Care, and Quality Measures.

Please answer all questions on 8½" X 11" white paper, clearly typed and spaced, single or double-sided, in order and sequentially numbered. In answering, please type the question and the response. All questions must be answered. If an item does not apply, please indicate "N/A" (not applicable). Attach appropriate documentation as an Appendix at the end of the application and reference the applicable Item Number on the attachment, i.e., Attachment A.1, A.2, etc. The last page of the application should be a completed signed and notarized affidavit.

3. SECTION A: EXECUTIVE SUMMARY

A. Overview

Please provide an overview not to exceed three pages in total explaining each numbered point.

 Description – Address the establishment of a health care institution, initiation of health services, bed complement changes, and/or how this project relates to any other outstanding but unimplemented certificates of need held by the applicant

Response:

Option Care is a healthcare services company that at its core delivers high quality, cost effective infusion services through trusted partnerships across the healthcare system, resulting in outcomes that make a positive difference in people's lives. We currently service 33 counties in our great state of Tennessee. This request is to add 28 more counties to our current CON to provide our service and treat more people with specialty home infusion therapy.

Option Care has been selected as the only national home infusion provider to participate in a limited network for a new amyotrophic lateral sclerosis (ALS) drug - RADICAVATM (edaravone).

RADICAVA is the first treatment for ALS approved by the Food and Drug Administration in more than 20 years. The therapy, which has been shown to slow the decline of physical function in ALS patients by up to 33%.

2) Ownership structure

Response:

The applicant, Option Care Infusion Services, is a limited liability corporation equally owned by Vanderbilt Health Services and Option Care Enterprises.

3) Service area

Response:

We currently service 33 counties: Bedford, Cannon, Cheatham, Coffee, Davidson, Dekalb, Dickson, Franklin, Giles, Grundy, Hickman, Houston, Humphreys, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Montgomery, Moore, Perry, Putnam, Robertson, Rutherford, Smith, Sumner, Trousdale, Warren, Wayne, White, Williamson, and Wilson.

We are requesting to add an additional 28 counties to our CON: Lauderdale, Tipton, Haywood, Shelby, Fayette, Hardeman, McNairy, Hardin, Marion, Sequatchie, Van Buren, Bledsoe, Cumberland, Morgan, Anderson, Roane, Rhea, Meigs, Hamilton, Bradley, Polk, McMinn, Monroe, Loudon, Blount, Sevier, Knox, and Jefferson

Existing similar service providers

Response:

The expansion of our service area will allow for increased growth in specialty home infusion services. Per the Joint Annual Report from year 2016-2017 there are 161 home health agencies reported; however, only 5 agencies reported the provision of home infusion services.

5) Project cost

Response:

There will be no cost incurred to expand our service area by 28 counties other than the filing fee to obtain the Certificate of Need in the amount of \$15,000.00.

6) Funding

Response:

The funding for the Certificate of Need is from Option Care Infusion Services, LLC cash reserves.

7) Financial Feasibility including when the proposal will realize a positive financial margin

Response:

Option Care expects to generate positive cash flows from operations. These positive cash flows are expected to exceed the project investment within the first year.

Staffing

Response:

Option Care Infusion Services, LLC has 61 employees as follows:

- 11 Nursing Management and RN's
- 9 Intake and Customer Service Personnel
- 6 Administrative Staff and Management
- 21 Pharmacists, Technicians and Patient Service Representatives
- 4 Warehouse Distribution and Delivery Personnel
- 8 Clinical Liaisons and Dieticians
- 2 Account Managers

B. Rationale for Approval

A certificate of need can only be granted when a project is necessary to provide needed health care in the area to be served, can be economically accomplished and maintained, will provide health care that meets appropriate quality standards, and will contribute to the orderly development of adequate and effective health care in the service area. This section should provide rationale for each criterion using the data and information points provided in Section B. of this application. Please summarize in one page or less each of the criteria:

1) Need

Response:

This expansion of our service area will allow for increased growth in specialty infusion services. We currently service 33 counties in Tennessee. This request is to obtain approval for 28 more counties to our current CON- thus providing the ability to service those with specialty home infusion therapy needs. Recent market analysis projects that home infusion will grow by 9% annually through 2023, which will result in an additional need for specialty infusion nursing services.

Option Care has been selected as the only national home infusion provider to participate in a limited network for a new amyotrophic lateral sclerosis (ALS) drug - RADICAVATM (edaravone).

Our specialized, clinical knowledge and rigorous care management support – across multiple therapy areas and patient populations – are the backbone of our expertise as the nation's home infusion therapy leader for neuromuscular disorders. This expertise is why we are the partner of choice for innovators bringing to market breakthrough therapies like RADICAVA.

We are expanding our ability to partner with health plans, health systems and pharmaceutical manufacturers to provide innovative clinical services that improve people's lives.

2) Economic Feasibility

Response:

This project is expected to have a total calculated cost of \$15,000.00. This project is fully funded with available cash reserves.

3) Appropriate Quality Standards

Response:

To assess for improvement opportunities we regularly perform chart audits, review safety/risk event reports, analyze patient satisfaction data and strive to focus on continuous quality improvement. Our Quality Improvement Plan (QIP) is a plan that defines, measures, analyzes and provides communication strategies for improvement opportunities. IPSOS is a company that surveys Option Care patients with questions every quarter regarding their experience. Care Management Center (CMC) leaders are notified of negative comments, complaints or major areas of concern. The leadership team has a protocol to address these notifications.

4) Orderly Development to adequate and effective health care.

Response:

Option Care's 33 present counties have been serviced for the last 7 years. We will continue to service the current counties. Option Care Infusion Services, LLC is the *only* authorized specialty home infusion partner with MT Pharma to deliver and administer the first drug approved by the FDA in nearly 20 years-RADICAVA. This project will allow Option Care to provide specialty infusion therapy to highly populated counties, as well as counties throughout Tennessee located in rural and economically challenged areas. Patients will have much more convenient and affordable access to service. This will eliminate the need to travel long distances for services that can presently only be provided in an outpatient setting-we will provide services in the home environment. ALS patient require daily infusions x 14 days with the initial treatment of Radicava. Provision of care for the patient in their own home will provide familiarity and comfort. In addition, this will provide a lower cost and lessen the financial burden on the health care system as well as the patient.

C. Consent Calendar Justification N/A

If Consent Calendar is requested, please provide the rationale for an expedited review.

A request for Consent Calendar must be in the form of a written communication to the Agency's Executive Director at the time the application is filed. N/A

4. SECTION A: PROJECT DETAILS

37

Α.	Owner of the Facility, Agency or Institution	on	
А.	Option Care Infusion Services, LLC		312-940-2500
	Name		Phone Number
	3000 Lakeside Drive, Suite 300N		Lake
	Street or Route Bannockburn	1111: !	County
	City	Illinois State	60015
	City	State	Zip Code
В.	Type of Ownership of Control (Check On	e)	
	A. Sole Proprietorship	F. Governme	nt (State of TN or
	B. Partnership	Political Si	
	C. Limited Partnership	G. Joint Vent	ure
	D. Corporation (For Profit)	H. Limited Lia	bility CompanyX
	E. Corporation (Not-for-	l. Other (Spe	ecify)
	Profit)	-	
Sector Se	ch a copy of the partnership agreement, of the tence. Please provide documentation of the tetary of State's web-site at https://tnbear.tn.gition A-4A . Cribe the existing or proposed ownership structure inizational chart. Explain the corporate structure relate to the applicant. As applicant member's percentage of ownership, for the est.	e active status of gov/ECommerce/Fure of the applicant, sture and the main icable, identify the	the entity from the Tennessee ilingSearch.aspx. Attachment including an ownership structure the members of the ownership entity
5 .	Name of Management/Operating Entity (If Option Care Infusion Services, LLC DBA Vanderbilt HC/ Name		es
	3000 Lakeside Dr., Suite 300N		Lake
	Street or Route		County
	Bannockburn	IL	60015
	City	State	Zip Code
1	Website address: www.optioncare.com		
For :	now facilities or existing facilities without a	ourrent management	ant agreement attack a server
a dra	new facilities or existing facilities without a oft management agreement that at least includ	es the anticipated	scope of management services

a draft management agreement that at least includes the anticipated scope of management services to be provided, the anticipated term of the agreement, and the anticipated management fee payment methodology and schedule. For facilities with existing management agreements, attach a copy of the fully executed final contract. NA

6A.	Lega	l Interest in the Site of the Institution (Check One)
	A. B. C.	Ownership D. Option to Lease E. Other (Specify) Lease of 6 Years X
owr pare the atta or o pric and of the	the buent confully exact a fully exact ther appearance in the confusion of	propriate line above: For applicants or applicant's parent company/owner that currently uilding/land for the project location, attach a copy of the title/deed. For applicants or applicant's impany/owner that currently lease the building/land for the project location, attach a copy of executed lease agreement. For projects where the location of the project has not been secured, ally executed document including Option to Purchase Agreement, Option to Lease Agreement, Option to Description to Purchase Agreement include anticipated purchase ase/Option to Lease Agreements must include the actual/anticipated term of the agreement informaticipated lease expense. The legal interests described herein must be valid on the date ency's consideration of the certificate of need application. In a copy of the site's plot plan, floor plan, and if applicable, public transportation routed from the site on an 8 1/2" x 11" sheet of white paper, single or double-sided. DO NOT INTERLUEPRINTS. Simple line drawings should be submitted and need not be drawn to
	1)	Plot Plan must include:
		a. Size of site (<i>in acres</i>);
		b. Location of structure on the site;
		c. Location of the proposed construction/renovation; and
		d. Names of streets, roads or highway that cross or border the site.
	2)	Attach a floor plan drawing for the facility which includes legible labeling of patient care rooms (noting private or semi-private), ancillary areas, equipment areas, etc. On an 8 $\frac{1}{2}$ by 11 sheet of paper or as many as necessary to illustrate the floor plan.
	3)	Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed

site to patients/clients. NA

7,	Typ	e of Institution (Check as appro	priatemo	re th	an one response may apply)	
	A.B.	Hospital (Specify) Ambulatory Surgical Treatment Center (ASTC), Multi-Specialty ASTC, Single Specialty Home Health Agency Hospice Mental Health Hospital Intellectual Disability Institutional Habilitation Facility ICF/IID	<u>X</u>	H. I. J. K. L.	Nursing Home Outpatient Diagnostic Center Rehabilitation Facility Residential Hospice Nonresidential Substitution- Based Treatment Center for Opiate Addiction Other (Specify) specialty infusion services	
Che	ck ap	propriate lines(s).				
8.	Pur	oose of Review (Check appropri	iate lines(s	s) – m	ore than one response may app	oly)
	A. B. C. D. E.	New Institution Modifying an ASTC with limitation still required per CON Addition of MRI Unit Pediatric MRI Initiation of Health Care Service as defined in T.C.A. §68-11-1607(4) (Specify)		F. G. H. I.	Change in Bed Complement [Please note the type of change by underlining the appropriate response: Increase, Decrease, Designation, Distribution, Conversion, Relocation] Satellite Emergency Dept. Change of Location Other (Specify) Obtain CON to expand service area for specialty home infusion services	X
9.	Med	caid/TennCare, Medicare Partic	ipation			
	Med Med	linatel Descriptor Monach	ought for N	Medic	are and/or Medicaid/TennCare?	lect

10.	Bed	d Complement Data N/A			40				
A.	F	Please indicate current and prop	osed distri	bution	and certifica	ation of facility	beds.		
, ,			Curi Licer		Beds Staffed	Beds Proposed	*Beds Approved	**Beds Exempted	TOTAL Beds at Completion
	1)	Medical	-				0		3
	2)	Surgical	-				\leftarrow	***	
	3)	ICU/CCU	-				2)———(0	***************************************	:
	4)	Obstetrical	•		-	·			
	5)	NICU					(***************************************	-
	6)	Pediatric				/.		***	
	7)	Adult Psychiatric							
	8)	Geriatric Psychiatric							
	9)	Child/Adolescent Psychiatric			/		8		
	10)	Rehabilitation							-
	11)	Adult Chemical Dependency							
	12)	Child/Adolescent Chemical Dependency			-	:			
	13)	Long-Term Care Hospital	•		-	-			-
	14)	Swing Beds				10 	·		:
	15)	Nursing Home – SNF (Medicare only)	-		-	9-1-1		? 	
	16)	Nursing Home – NF (Medicaid only)	-						
	17)	Nursing Home – SNF/NF (dually certified Medicare/Medicaid)				7) 	(r 	
	18)	Nursing Home - Licensed (non-certified)	-			5 <u>0</u>		% \$	-
	19)	ICF/IID						()	
	20) TO ʻ	Residential Hospice TAL	-	-			79	0.41	
				_		-	-		
	*Be	ds approved but not yet in service	e **Bed	s exem	pted under 1	0% per 3 year p	rovision	3 	
В.		escribe the reasons for change ir xisting services. N/A	n bed allocat	ions ar	nd describe th	ne impact the be	d change will h	nave on the ap	plicant facilities
C.		lease identify all the applica omponent. If applicable, comp			Certificate	of Need proje	cts that hav	e a licensed	I bed change
			Expiration		al Licensed E	Reds			
				100					
	_	CON Number(s)	Date		Approved				
	_								
	-								
-									

11. Home Health Care Organizations – Home Health Agency, Hospice Agency (embuding Residential Hospice), identify the following by checking all that apply:

Existing Licensed	Parent Office	Proposed Licensed		Existing Licensed	Parent Office	Proposed Licensed
						County
						X
						
						X
						X
						X
						X
			Marshall	X		
				X		
	(#) [Meigs			××
			Monroe			X
			Montgomery	X		
X			Moore	X		0
			Morgan			X
		X	Obion			
X	X		Overton			
			Perry	X		
X			Pickett			
泫			Polk			X
			Putnam			
		X	Rhea			 X
			Roane			X
X						
×						
						×
						X
						X
						- 0
		区	Wilson	X		
	Licensed County Count	Licensed County Office County County ————————————————————————————————————		Licensed County Office County Licensed County Lauderdale □ □ □ Lauvence □ □ □ Lawrence □ □ □ Lincoln □ □ □ Loudon □ □ McMinn □ □ McNairy □ □ Macon □ □ Macon □ □ Marion Marion Morgan D D Morgan D D Perry		

12. Square Footage and Cost Per Square Footage Chart N/A

		Propose			Proposed Final Square Footage				
Linit/Donortmont	Existing Location	Existing SF	Temporary Location	Final Location	Renovated	Now	Total		
Unit/Department	Location	SF	Location	Location	Renovated	New	Total		
2									
Unit/Department									
GSF Sub-Total									
Other GSF									
Total									
Total GSF									
Total Gol									
*Total Cost	基本的								
**Cost Per									
Square Foot	Wales III Post P				D Delevi 4 St	□ Dolo 4St	□ Deless 48t		
					☐ Below 1 st Quartile	☐ Below 1 st Quartile	☐ Below 1 st Quartile		
					☐ Between	☐ Between	☐ Between		
Cost per Square Foot Is Within Which Range (For quartile ranges, please refer to the Applicant's Toolbox on www.tn.gov/hsda)						1 st and 2 nd	1 st and 2 nd		
						Quartile	Quartile		
						□ Between	□ Between		
	11.77.77.74		1		2 nd and 3 rd Quartile	2 nd and 3 rd Quartile	2 nd and 3 rd Quartile		
					☐ Above 3 rd Quartile	☐ Above 3 rd Quartile	☐ Above 3 rd Quartile		

^{*} The Total Construction Cost should equal the Construction Cost reported on line A5 of the Project Cost Chart.

^{**} Cost per Square Foot is the construction cost divided by the square feet. Please do not include contingency costs.

13. MRI, PET, and/or Linear Accelerator N/A 43

- 1. Describe the acquisition of any Magnetic Resonance Imaging (MRI) scanner that is adding a MRI scanner in counties with population less than 250,000 or initiation of pediatric MRI in counties with population greater than 250,000 and/or NA
- 2. Describe the acquisition of any Positron Emission Tomographer (PET) or Linear Accelerator if initiating the service by responding to the following: NA
- A. Complete the chart below for acquired equipment.

	Linear Accelerator	Mev Total Cost*: □ New	Types: srs in IMRT in IGRT in Other By Purchase By Lease Expected Useful Life (yrs) Refurbished in If not new, how old? (yrs)
0	MRI	Tesla: Total Cost*:	Magnet: Breast Extremity Open Short Bore Other By Purchase By Lease Expected Useful Life (yrs) Refurbished If not new, how old? (yrs)
	PET	□ PET only Total Cost*: □ New	□ PET/CT □ PET/MRI □ By Purchase □ By Lease Expected Useful Life (yrs) □ Refurbished □ If not new, how old? (yrs)

- B. In the case of equipment purchase, include a quote and/or proposal from an equipment vendor. In the case of equipment lease, provide a draft lease or contract that at least includes the term of the lease and the anticipated lease payments along with the fair market value of the equipment. N/A
- C. Compare lease cost of the equipment to its fair market value. Note: Per Agency Rule, the higher cost must be identified in the project cost chart. N/A
- D. Schedule of Operations:

Location	Days of Operation	Hours of Operation	
Location	(Sunday through Saturday)	(example: 8 am – 3 pm)	
Fixed Site (Applicant)	Monday – Friday	8am-5pm (24/7 RN/Pharm call)	
Mobile Locations (Applicant)	N/A		
(Name of Other Location)			
(Name of Other Location)			

^{*} As defined by Agency Rule 0720-9-.01(13)

- E. Identify the clinical applications to be provided that apply to the project. N/A
- F. If the equipment has been approved by the FDA within the last five years provide documentation of the same. N/A

SECTION B: GENERAL CRITERIA FOR CERTIFICATE OF NEED

In accordance with T.C.A. § 68-11-1609(b), "no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, can be economically accomplished and maintained, will provide health care that meets appropriate quality standards, and will contribute to the orderly development of health care." Further standards for guidance are provided in the State Health Plan developed pursuant to T.C.A. § 68-11-1625.

The following questions are listed according to the four criteria: (1) Need, (2) Economic Feasibility, (3) Applicable Quality Standards, and (4) Contribution to the Orderly Development of Health Care. Please respond to each question and provide underlying assumptions, data sources, and methodologies when appropriate. Please type each question and its response on an 8 1/2" x 11" white paper, single-sided or double sided. All exhibits and tables must be attached to the end of the application in correct sequence identifying the question(s) to which they refer, unless specified otherwise. If a question does not apply to your project, indicate "Not Applicable (NA)."

QUESTIONS

SECTION B: NEED

A. Provide a response to each criterion and standard in Certificate of Need Categories in the State Health Plan that are applicable to the proposed project. Criteria and standards can be obtained from the Tennessee Health Services and Development Agency or found on the Agency's website at http://www.tn.gov/hsda/article/hsda-criteria-and-standards.

Standards and Criteria as outlined in the Tennessee State Health Plan

 Determination of Need: In a given county, 1.5 percent of the total population will be considered as the need estimate for home health services in that county. This 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed Service area (FORMULA)

Response:

44,205= 1.5% of total population in the proposed counties

Number of patients serviced per county reported on JAR 2017 = 38,267

Total Deficit per counties proposed = 5,938

See attached letters from Health Care professionals supporting the need for specialty home infusion services. Attachment: Section B. Need: A -4

Letters Attached: Dr. Mohammad Hussain, MD and Jenna Helton, CCMA

Robin Yawn, RN – Vanderbilt Department of Neurology Susan Bracey FNP, MSN, BSN – Affiliated Neurology Amanda Peltier, MD – Associate Professor of Neurology

5.) Current Service Area Utilization:

The applicant should document by county: look at Joint Annual Report

- a) All existing providers of home health services within the proposed service areas
- b) The number of patients served during the most recent 12-month period for which data are available.

To characterize existing providers located within Tennessee, the applicant should use final data provided by the JARs maintained by the Tennessee Department of Health. In each county of the proposed service area, the applicant should identify home health agencies that have reported servicing 5 or fewer patients for each of the last three years based on final and available JAR data. If an agency in the proposed Service Area who serves few or no patients is opposing the application, that opponent agency should provide evidence as to why it does not serve a larger number of patients.

Response: Attachment Section B. Need: A-5

6.) Adequate Staffing: Using TDH Licensure data, the applicant should document a plan demonstrating the intent and ability to recruit, hire, train, assess competencies of, supervise, and retain the appropriate numbers of qualified personnel to provide the services described in the application and document that such personnel are available to work in the proposed service area. The applicant should state the percentage of qualified personnel directly employed or employed through a third party staffing agency.

Response:

Option Care is confident that the provision of specialty infusion nursing services significantly contributes to both the real and perceived outcomes of service. The nurse's training, knowledge and professionalism contributes greatly to the quality of care a patient receives. It is imperative that Option Care partners with nursing agencies of excellence who are able to demonstrate the highest standards and principles.

To ensure provision of orientation and training for subcontracted Staffing/Registry organizations, Option Care has developed a required orientation program. These agencies must comply with the Option Care criteria to engage in a subcontracted relationship. The criteria are as follows:

- The organization has qualified clinical management staff who perform verification of skills and competencies on all professional engaged staff at hire and annually thereafter.
- Appropriate policies/procedures and protocols are included in our compliance training for agency review and a compliance training acknowledgment form signed annually.
- The organization must have qualified clinical management staff who supervise engaged staff.
- Credentialing documents are kept on file at the Nurse Registry/Staffing Agency for each engaged clinician that is retrievable per Option Care request: professional state license verification, CPR certification, annual skills competencies, criminal background check
- All nursing personnel are required to complete special training on specific therapies such as Radicava. The training
 is provided by a clinical educator, via webex, and/or Option Care access to training material and documents.

We currently have active contracts with staffing agencies to cover the proposed service areas. Nursing management continues to strengthen the relationships with these agencies in the proposed areas to provide oversight and hands-on training to ensure adequate education and training. At this time there are 23 nurses available via staffing agency to service these counties.

Medicare and Medicaid programs both require training with annual acknowledge of training. Option Care pharmacy is a provider in the Medicare/Medicaid programs so we must require that our subcontracted providers complete the training. Our managed care payer contracts and our accreditation standards (ACHC) require that those we are contracted with are trained. We are also required to ensure our contracted providers complete the training under the deficit reduction act.

7.) Community Linkage Plan: The applicant should provide a community linkage plan that demonstrates factors such as, but not limited to, referral arrangements with appropriate health care system providers/services (that comply with CMS patient choice protections) and working agreements with other related community services assuring continuity of care focusing on coordinated, integrated systems. A new provider may submit a proposed community linkage plan.

Response:

Option Care and specialty pharmaceutical representatives have relationships with physicians that work to build and improve linkages across private and public health organizations within communities. It is important to identify gaps in needed health services and to fill those gaps by using the strengths and abilities of the participating organizations. Health literacy universal precautions are the steps that practices take when they assume that all patients may have difficulty comprehending health information and accessing health services. Health literacy universal precautions are aimed at:

- Simplifying communication with and confirming comprehension for all patients, so that the risk of miscommunication is minimized.
- Ensure the office environments and health care systems are easier to navigate.
- Supporting patients' efforts to improve their health.

Option Care Infusion Services strives for community-clinical linkages to connections between community and clinical sectors to improve population health. Supporting *Team Based Care* encourages organizational intervention that incorporates a multidisciplinary team to improve the quality of care for all patients. Teams consisting of the patient, primary care provider, nurses, pharmacists, dietitians, social workers, and community health workers work together to provide process support and share responsibilities of care to complement the primary care provider's goals. With the development of improved technology there is the ability to efficiently process a patient plan of care right from the start-from referral coordination, insurance verification, pharmacy interventions, delivery and coordination of nursing services.

8.) TennCare Managed Care Organizations (MCOs) and Financial Viability: Given the time frame required to obtain Medicare certification, an applicant proposing to contract with the Bureau of TennCare's MCOs should provide evidence of financial viability during the time period necessary to receive such certification. Applicants should be aware that MCOs are under no obligation to contract with home care organizations, even if Medicare certification is obtained, and that Private Duty Services are not Medicare certifiable services. Applicants who believe there is a need to serve TennCare patients should contact the TennCare MCOs in the region of the proposed Service Area and inquire whether their panels are open for home health services, as advised in the notice posted on the HSDA website, to determine whether at any given point there is a need for a provider I a particular area of the state; letters from the TennCare MCOs should be provided to document such need. Applicants should also provide information on projected revenue sources, including non-TennCare revenue sources.

Response: Attachment Section B. Need: A8

9.) Proposed Charges:

The applicant's proposed charges should be reasonable in comparison with those of other similar agencies in the service area or in adjoining service areas. The applicant should list:

- a) The average charge per visit and/or episode of care by service category, if available in the JAR data.
- b) The average charge per patient based upon the projected number of visits and/or episodes of care and/or hours per patient, if available in the JAR data.

Response: Attachment Section B. Need A9 1-2

10.) Access: In concert with the factors set forth in HSDA Rule 0720-11-.01(1) (which lists those factors concerning need on which an application may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is limited access in the proposed Service Area for groups with special medical needs such as, but not limited to, medically fragile children, newborns and their mothers, and HIV/AIDS patients. Pediatrics is a special medical needs population, and therefore any provider applying to provide these services should demonstrate documentation of adequately trained staff specific to this population's needs with a plan to provide ongoing best practice education. For purposes of this Standard, an applicant should document need using population, service, special needs, and/or disease incidence rates. If granted, the Certificate of Need should be restricted on condition, and thus in its licensure, to serving the special group or groups identified in the application. The restricting language should be as follows: CONDITION: Home health agency services are limited to (identified specialty service group); the expansion of service beyond (identified specialty service group) will require the filing of a new Certificate of Need application. Please see Note 3 regarding federal law prohibitions on discrimination in the provision of health care services.

Response:

Option Care will be servicing a medically fragile population-patients that are afflicted with ALS. These patients will be receiving a new infusion therapy medication-Radicava. Each nurse is required to complete the training on Radicava. The documentation of training is required to be kept on file. In August of 2017 Option Care had more than 200 Radicava referrals pending approval. Our center in Nashville currently services several patients receiving this therapy within our Certificate of Need.

11.) Quality Control and Monitoring:

The applicant should identify and document its existing proposed plan for data reporting (including data on patient re-admission to hospitals), quality improvement, and an outcome and process monitoring system (including continuum of care and transitions of care from acute care facilities). If applicable, the applicant should provide documentation that it is, or that it intends to be, fully accredited by the Joint Commission, the Community Health Accreditation Program, Inc., the Accreditation Commission for Health Care, and/or other accrediting body with deeming authority for home health services from CMS.

Response:

Option Care takes a proactive approach to identifying, analyzing, and improving our processes to deliver consistent higher quality outcomes. We identify opportunities for improvement and implement small test of change. Option Care tracks re-hospitalizations, line infections, HIPPA events, medication events, delivery error rate, clean room operational days, and required continuing training. These results are reviewed during quarterly Continuous Quality Improvement (CQI) meetings. Our meetings also focus on results from patient satisfaction summaries-overall patient satisfaction, initial startup, delivery, and in-home visit. These results are used to analyze and identify areas of opportunity with development of action plans. These action plans are implemented and reviewed with each quarterly meeting. Option Care is accredited by the ACHC throughout the company.

12.) Data Requirements:

Applicants should agree to provide the Department of Health and/or Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested. As a standard of practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.

Option Care agrees to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that the data in the time and format requested. The Joint Annual Report (JAR) has been and will continue to be completed timely on an annual basis as requested by the State of Tennessee. Annual CON reports will be completed as required.

B. Describe the relationship of this project to the applicant facility's long-range development plans, if any, and how it relates to related previously approved projects of the applicant.

Response:

We have relocated into a newly renovated pharmacy in Nashville to expand our office space, meet new pharmacy regulations with improved standards in compounding, increase services in our infusion suite and allow for growth. Option Care will continue to provide high quality infusion services. Our long-range plan is to reach out and service the population of residents that have not had the same opportunity to receive compassionate care with quality results.

C. Identify the proposed service area and justify the reasonableness of that proposed area. Submit a county level map for the Tennessee portion of the service area using the map on the following page, clearly marked to reflect the service area as it relates to meeting the requirements for CON criteria and standards that may apply to the project. Please include a discussion of the inclusion of counties in the border states, if applicable.

Response:

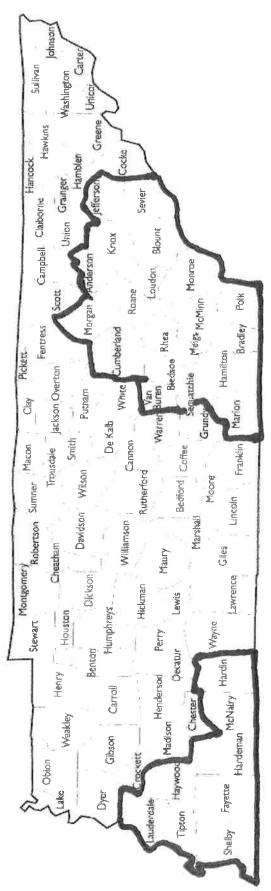
The applicant's 33 county service area has been serviced for the last 7 years. Option Care will continue to service the current counties. We are the *only* authorized home infusion partner with MT Pharma to deliver and administer the first drug approved by the FDA in nearly 20 year-, Radicava. This life sustaining drug, will be a blessing to many patients suffering with ALS (Lou Gehrig Disease) within our current 33 counties as well as those 28 counties. Chattanooga (located in Hamilton County) and Memphis, (located in Shelby County) are locations that have ALS clinics. This project will allow Option Care to provide specialty infusion therapy to highly populated counties, as well as counties throughout Tennessee located in rural and economically challenged areas.

Boarder states are not included in our service area or this request.

Please complete the following tables, if applicable:

Service Area Counties	Current County Utilization-County Residents	% Total Procedures
Bedford	2	2%
Cannon	0	0
Cheatham	3	3.30%
Coffee	3	3.30%
Davidson	21	23%
DeKalb	1	1%
Dickson	1	1%
Franklin	3	3.30%
Giles	0	0
Grundy	1	1%
Hickman	1	1%
Houston	0	0%
Humphreys	2	2%
Lawrence	1	1%
Lewis	0	0%
Lincoln	0	0%
Macon	2	2%
Marshall	1	1%
Maury	1	1%
Montgomery	7	7.70%
Moore	0	0%
Perry	0	0%
Putnam	0	0%
Robertson	2	2.20%
Rutherford	6	6.60%
Smith	0	0%
Sumner	7	7.60%
Trousdale	0	0.00%
Warren	1	1%
Wayne	1	1%
White	0	0.00%
Williamson	13	14.20%
Wilson	8	8.80%

Service Area Counties	Projected Utilization-County Residents	% Total Procedures
Anderson	4	3%
Bledsoe	1	1%
Blount	9	6%
Bradley	6	4%
Cumberland	4	3%
Fayette	3	2%
Hamilton	19	12%
Hardeman	2	1%
Hardin	2	1%
Haywood	1	1%
Jefferson	3	2%
Knox	32	20%
Lauderdale	2	1%
Loudon	3	2%
McMinn	3	2%
McNairy	2	1%
Marion	2	1%
Meigs	1	1%
Monroe	3	2%
Morgan	2	1%
Polk	1	1%
Rhea	2	1%
Roane	3	2%
Sequatchie	1	1%
Sevier	6	4%
Shelby	38	24%
Tipton	4	3%
VanBuren	1	1%



County Level Map

HF-0004 Revised 12/2016 - All forms prior to this time are obsolete.

D. 1). a) Describe the demographics of the population to be served by the proposal.

Response:

The 28 county service area has a total population of 2,947,009 persons in 2017. By 2021 it is projected to increase by 3.45% to 3,048,692 persons. The applicant primarily services patients age 0-64. That age group consists of 2,449,777. By 2021, it is projected to increase by 1.0% to 2,473,818 persons. That is 3.40% below state average of 4.4%.

The median income of service area households is \$42,376.86 which is 9.0% less than state average of \$46,574.00. The service area has a larger portion of its population living in poverty (18.2%) compared to the state of 17.20%. Similarly, it has 21.9% of its current population enrolled in TennCare compared to a lower statewide average of 21.3%.

c) Using current and projected population data from the Department of Health, the most recent enrollee data from the Bureau of TennCare, and demographic information from the US Census Bureau, complete the following table and include data for each county in your proposed service area.

Projected Population Data: http://www.tn.gov/health/article/statistics-population

TennCare Enrollment Data: http://www.tn.gov/tenncare/topic/enrollment-data

Census Bureau Fact Finder: http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml

Response: Attachment D-1C

* Target Population is population that project will primarily serve. For example, nursing home, home health agency, hospice agency projects typically primarily serve the Age 65+ population; projects for child and adolescent psychiatric services will serve the Population Ages 0-19. Projected Year is defined in select service-specific criteria and standards. If Projected Year is not defined, default should be four years from current year, e.g., if Current Year is 2016, then default Projected Year is 2020.

2) Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly the elderly, women, racial and ethnic minorities, and low-income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

Response:

Patients with a medically fragile diagnoses of ALS will be able to be serviced in their home instead of the burden of transporting this debilitated population. Some patients have not been able to receive Radicava at all because of the strain it places on the family and patient with traveling to an outpatient facility. Also, there is limited access to facilities that can accommodate the administration of the medication-most facilities do not have the ability to obtain Radicava. Option Care will gain the privilege of providing this medication therapy to patients in their homes. The poverty level in these areas is above the state level (18.2 %). Our pharmacy accepts TennCare-approximately 21% of the population in the proposed service area are covered by TennCare and Medicare. Nursing services are "bundled" with the pharmacy. Therefore, nursing visit costs will not be a contributing factor in the provision of care provided to these patients.

E. Describe the existing and approved but unimplemented services of similar healthcare providers in the service area. Include utilization and/or occupancy trends for each of the most recent three

years of data available for this type of project. List each provider and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: Admissions or discharges, patient days, average length of stay, and occupancy. Other projects should use the most appropriate measures, e.g., cases, procedures, visits, admissions, etc. This doesn't apply to projects that are solely relocating a service.

Response:

There is no historical data- No provider of Radicava at this time

F. Provide applicable utilization and/or occupancy statistics for your institution for each of the past three years and the projected annual utilization for each of the two years following completion of the project. Additionally, provide the details regarding the methodology used to project utilization. The methodology must include detailed calculations or documentation from referral sources, and identification of all assumptions.

Response:

Vanderbilt HC/Option Care Infusion Services, LLC Historic and Projected Utilization 2014-2020								
	2014	2015	2016	2017	2018*	2019*	2020*	
Patients	426	200	307	504	580	632	689	
Visits	1257	1308	1733	2284	2627	2863	3121	

PATIENTS:

The patient growth rate from 2016 to 2017 was 64%. Based on the trend from the past 4 years and the potential new business from expanding services, a growth rate of 15% was applied to 2018. Based on the anticipated growth of the home infusion industry, the forecasted patients for 2019 and 2020 reflect a 9% growth rate.

VISITS

The visit growth rate from 2015 to 2016 and from 2016 to 2017 held steady at 32%. As noted above, a growth rate of 15% was applied to 2018, and the forecasted visits for 2019 and 2020 reflect a 9% growth rate.

SECTION B: ECONOMIC FEASIBILITY

- A. Provide the cost of the project by completing the Project Costs Chart on the following page. Justify the cost of the project.
 - 1) All projects should have a project cost of at least \$15,000 (the minimum CON Filing Fee). (See Application Instructions for Filing Fee)

Response:

The cost of this project is \$15,000.00 CON Filing Fee

2) The cost of any lease (building, land, and/or equipment) should be based on fair market value or the total amount of the lease payments over the initial term of the lease, whichever is greater. Note: This applies to all equipment leases including by procedure or "per click"

- arrangements. The methodology used \mathfrak{t}_{94} determine the total lease cost for a "per click" arrangement must include, at a minimum, the projected procedures, the "per click" rate and the term of the lease. NA
- 3) The cost for fixed and moveable equipment includes, but is not necessarily limited to, maintenance agreements covering the expected useful life of the equipment; federal, state, and local taxes and other government assessments; and installation charges, excluding capital expenditures for physical plant renovation or in-wall shielding, which should be included under construction costs or incorporated in a facility lease. NA
- 4) Complete the Square Footage Chart on page 8 and provide the documentation. Please note the Total Construction Cost reported on line 5 of the Project Cost Chart should equal the Total Construction Cost reported on the Square Footage Chart. NA
- 5) For projects that include new construction, modification, and/or renovation—<u>documentation</u> <u>must be</u> provided from a licensed architect or construction professional that support the estimated construction costs. Provide a letter that includes the following: NA
 - a) A general description of the project;
 - b) An estimate of the cost to construct the project;
 - c) A description of the status of the site's suitability for the proposed project; and
 - d) Attesting the physical environment will conform to applicable federal standards, manufacturer's specifications and licensing agencies' requirements including the AIA Guidelines for Design and Construction of Hospital and Health Care Facilities in current use by the licensing authority.

PROJECT GOST CHART

A.	Con	struction and equipment acquired by purchase:	NA	
	1.	Architectural and Engineering Fees		**************************************
	2.	Legal, Administrative (Excluding CON Filing Consultant Fees	g Fee),	: <u></u>
	3.	Acquisition of Site		A-11-00-00-01-00-00-00-00-00-00-00-00-00-
	4.	Preparation of Site		
	5.	Total Construction Costs		9 Martin - M
	6.	Contingency Fund		<u> </u>
	7.	Fixed Equipment (Not included in Construction Contra	act)	-
	8.	Moveable Equipment (List all equipment over \$5 separate attachments)	60,000 as	y
	9.	Other (Specify)		·
B.	Acau	isition by gift, donation, or lease: NA		
	1.	Facility (inclusive of building and land)		
	2.	Building only		
	3.	Land only		
	4.	Equipment (Specify)		
	5.	Other (Specify)		
C.	Finar	ncing Costs and Fees: NA		
,	1.	Interim Financing		
	2.	Underwriting Costs		
	3.	Reserve for One Year's Debt Service		
		Other (Specify)		
D.		ated Project Cost		57
E.	CC	ON Filing Fee		\$15,000.00
F.	То	tal Estimated Project Cost		
	(D	+E) TO	TAL	\$15,000.00

B. Identify the funding sources for this project.

Check the applicable item(s) below and briefly summarize how the project will be financed. (Documentation for the type of funding MUST be inserted at the end of the application, in the correct alpha/numeric order and identified as Attachment Section B-Economic Feasibility-B.)

- Commercial loan Letter from lending institution or guarantor stating favorable initial contact, proposed loan amount, expected interest rates, anticipated term of the loan, and any restrictions or conditions;
- 2) Tax-exempt bonds Copy of preliminary resolution or a letter from the issuing authority stating favorable initial contact and a conditional agreement from an underwriter or investment banker to proceed with the issuance;
- __ 3) General obligation bonds Copy of resolution from issuing authority or minutes from the appropriate meeting;
- ____ 4) Grants Notification of intent form for grant application or notice of grant award;
- x 5) Cash Reserves Appropriate documentation from Chief Financial Officer of the organization providing the funding for the project and audited financial statements of the organization; and/or
- 6) Other Identify and document funding from all other sources.

C. Complete Historical Data Charts on the following two pages—<u>Do not modify the Charts provided</u> or submit Chart substitutions!

Historical Data Chart represents revenue and expense information for the last *three* (3) years for which complete data is available. Provide a Chart for the total facility and Chart just for the services being presented in the proposed project, if applicable. **Only complete one chart if it suffices.**

Note that "Management Fees to Affiliates" should include management fees paid by agreement to the parent company, another subsidiary of the parent company, or a third party with common ownership as the applicant entity. "Management Fees to Non-Affiliates" should include any management fees paid by agreement to third party entities not having common ownership with the applicant.

Response: There is no historical data chart for the project only

See Attached



March 8, 2018

RE: Tennessee CON Application

Option Care Check Funds Availability

Dear Sir/Madam:

On behalf of Option Care and its Treasury department, this letter serves as a confirmation to the recipient that the funds related to the amount issued on the Option Care check for the CON application are fully available.

If you have any questions or need any additional information, please feel free to contact me at 312-940-2531 or via email at Nicolas Sassali@optioncare.com

Sincerely,

Nicolas C. Sassali

Senior Director, Treasury and Tax

Mulas C. Sarah

Option Care

3000 Lakeside Drive

Suite 300N

Bannockburn, IL 60015

Telephone: 312.940.2531

Email: nicolas.sassali@optioncare.com

Total Facility

HISTORICAL DATA CHART

Give information for the last three (3) years for which complete data are available for the facility or agency. The fiscal year begins in January (Month). Year 2015 Year 2016 Year 2017 A. Utilization Data (Specify unit of measure, e.g., 1,000 patient days, 1,733 2,284 1,308 500 visits) B. Revenue from Services to Patients **\$** 0 \$0 \$0 Inpatient Services 1... 2 **Outpatient Services** 0 0 0 **Emergency Services** 3. 115,015,792 122,268,316 Other Operating Revenue (Specify) Infusion Services 96,776,666 Gross Operating Revenue \$ 96,776,666 \$ 115,015,792 122,268,316 Deductions from Gross Operating Revenue \$ 74,544,913 \$ 89,754,092 Contractual Adjustments 94,463,566 0 0 0 2. Provision for Charity Care 1,513,538 2,085,053 1,101,907 3. Provisions for Bad Debt 75,646,820 91,839,145 \$ 95,977,104 **Total Deductions \$ NET OPERATING REVENUE** \$ 21,129,846 \$ 23,176,648 \$ 26,291,212 D. Operating Expenses Salaries and Wages 1. 2,008,823 2.450,296 2,661,094 a. Direct Patient Care 2,413,901 2,177,616 1,796,629 Non-Patient Care N/A N/A N/A 2. Physician's Salaries and Wages 14,088,804 16,051,417 17,916,980 3. Supplies Rent 0 Paid to Affiliates 208,644 409,335 496,715 Paid to Non-Affiliates Management Fees: 5. 180.000 443,115 984,467 а Paid to Affiliates 0 0 ٥ Paid to Non-Affiliates 586,745 1,287,136 626,145 Other Operating Expenses 19,570,035 22,394,208 24,823,618 Total Operating Expenses \$ \$ 1,559,811 \$ 782,440 E. Earnings Before Interest, Taxes and Depreciation \$ 1,467,594 F. Non-Operating Expenses \$ 50,000 80,000 g O 1. Taxes 361,099 30,135 263,785 2. Depreciation 0 0 0 3. Interest (4,545)(82)1,401 4. Other Non-Operating Expenses 356,554 Total Non-Operating Expenses \$ 80,053 345,186 **NET INCOME (LOSS)** 1,479,758 \$ 437,254 \$ 1,111,041

Chart Continues Onto Next Page

NET	INCC	DME (LOSS)	\$_1,479,758	\$ <u>437,254</u>	\$_1,111,041
G.	Othe	er Deductions			
	1.	Annual Principal Debt Repayment	\$ <u>0</u>	\$ 0	\$ O
	2.	Annual Capital Expenditure	105,063	2,002,064	0
		Total Other Deductions	\$ 105,063	\$_2,002,064	\$_0
		NET BALANCE	\$_1,374,695	\$_(1,564,810)	\$ 1,111,041
		DEPRECIATION	\$ 30,135	\$263,785	\$ <u>361,099</u>
		FREE CASH FLOW (Net Balance + Depreciation)	\$ <u>1,404,830</u>	\$_(1,301,025)	\$ <u>1,472,140</u>

Total Facility

☐ Project Only

HISTORICAL DATA CHART-OTHER EXPENSES

OT	HER EXPENSES CATEGORIES	Year_ ²⁰¹⁵	Year_2016	Year 2017
1.	Professional Services Contract	\$ <u>381,194</u>	\$ 59,474	\$ 57,284
2.	Contract Labor	267,575	111,308	203,920
3.	Imaging Interpretation Fees	0	0	0
4.	Other Expenses	638,367	455,363	325,541
5.				
6.		7 4		
7.				
	Total Other Expenses	\$ 1,287,136	\$ 626,145	\$ 586,745

D. Complete Projected Data Charts on the following two pages – <u>Do not modify the Charts</u> <u>provided or submit Chart substitutions!</u>

The Projected Data Chart requests information for the two years following the completion of the proposed services that apply to the project. Please complete two Projected Data Charts. One Projected Data Chart should reflect revenue and expense projections for the *Proposal Only* (i.e., if the application is for additional beds, include anticipated revenue from the proposed beds only, not from all beds in the facility). The second Chart should reflect information for the total facility. Only complete one chart if it suffices.

Note that "Management Fees to Affiliates" should include management fees paid by agreement to the parent company, another subsidiary of the parent company, or a third party with common ownership as the applicant entity. "Management Fees to Non-Affiliates" should include any management fees paid by agreement to third party entities not having common ownership with the applicant.

Response: See Attached Chart

PROJECTED DATA CHART

□ Total Facility■ Project Only

Give information for the two (2) years following the completion of this proposal. The fiscal year begins in January (Month). Year 2019 Year 2020 755 1,052 A. Utilization Data (Specify unit of measure, e.g., 1,000 patient days, 500 visits) B. Revenue from Services to Patients \$ O 1. Inpatient Services \$0 0 0 **Outpatient Services** 0 0 **Emergency Services** 5,091,621 Other Operating Revenue (Specify) Infusion Services 7,094,882 \$ 5,091,621 **\$** 7,094,882 Gross Operating Revenue Deductions from Gross Operating Revenue \$0 Contractual Adjustments **\$** 0 Provision for Charity Care 106,924 148,993 Provisions for Bad Debt Total Deductions \$ 106,924 s 148,993 \$ 4,984,697 **NET OPERATING REVENUE** £ 6,945,889 Operating Expenses Salaries and Wages 628,545 818,391 a. Direct Patient Care 249,710 266,454 b. Non-Patient Care N/A N/A 2. Physician's Salaries and Wages 3,990,330 5,559,995 3. Supplies 4. Rent 0 Paid to Affiliates 0 0 0 Paid to Non-Affiliates Management Fees: 0 0 Paid to Affiliates 0 0 b. Paid to Non-Affiliates 0 Other Operating Expenses \$ 4,868,585 \$ 6,644,840 **Total Operating Expenses** E. Earnings Before Interest, Taxes and Depreciation **\$** 116,112 \$ 301,049 F. Non-Operating Expenses \$0 **Taxes** \$0 0 0 2. Depreciation 0 0 3. Interest 0 0 Other Non-Operating Expenses Total Non-Operating Expenses \$0 **\$** 0 **NET INCOME (LOSS)** \$ 301,049 **\$** 116,112

Chart Continues Onto Next Page

NET	INCO	ME (LOSS)	\$ 116,112	\$_301,049
G.	Othe	r Deductions		
	1.	Estimated Annual Principal Debt Repayment	\$ 0	\$ 0
	2.	Annual Capital Expenditure	0	0
		Total Other Deductions	\$ 0	\$
		NET BALANCE	\$ 116,112	\$ 301,049
		DEPRECIATION	<u>\$</u> 0	\$_0
		FREE CASH FLOW (Net Balance + Depreciation)	\$_116,112	\$ 301,049

☐ Total Facility

Project Only

PROJECTED DATA CHART-OTHER EXPENSES

OT	HER EXPENSES CATEGORIES	Year_2019	Year_2020
1.	Professional Services Contract	\$0	\$0
2.	Contract Labor	0	0
3.	Imaging Interpretation Fees	0	0
4.	2 		
5.		·	
6.			
7.	·		
	Total Other Expenses	\$ _0	\$ <u>0</u>

Total Facility

PROJECTED DATA CHART

■ Project Onlý

Give information for the two (2) years following the completion of this proposal. The fiscal year begins in January (Month).

(Mo	nth).		Year 2019	Year ²⁰²⁰
۸	1 14:11	zation Data (Specify unit of managers of a 1,000 nations days		4,173
Α.		zation Data (Specify unit of measure, e.g., 1,000 patient days, visits)		7,110
В.		renue from Services to Patients		
υ.	1.	Inpatient Services	\$ 0	\$ 0
	2.	Outpatient Services	0	0
	3.	Emergency Services	0	0
	4.	Other Operating Revenue (Specify) Infusion Services	34,439,340	38,190,431
		Gross Operating Revenue	\$ 34,439,340	\$ 38,190,431
С	Ded	uctions from Gross Operating Revenue		· · · · · · · · · · · · · · · · · · ·
36				
	1.	Contractual Adjustments	\$ <u></u> 0	\$ <u></u> 0
	2.	Provision for Charity Care	0	0
	3.	Provisions for Bad Debt	723,226	801,999
		Total Deductions		\$ 801,999
NET	OPE	RATING REVENUE	\$ 33,716,114	\$ 37,388,432
D.	Оре	erating Expenses		
	1.	Salaries and Wages		
		a. Direct Patient Care	3,343,092	3,694,606
		b. Non-Patient Care	2,392,116	2,536,452
	2.	Physician's Salaries and Wages	N/A	N/A
	3.	Supplies	21,631,584	24,428,206
	4.	Rent	0	0
		a. Paid to Affiliates	500,805	0
	_	b. Paid to Non-Affiliates	506,805	506,805
	5.	Management Fees:	984,467	984,467
		a. Paid to Affiliates b. Paid to Non-Affiliates	0	0
	6.		660,195	676,714
	0.	Other Operating Expenses	\$ 29,518,258	\$ 32,827,251
		Total Operating Expenses		×
E.	Ear	nings Before Interest, Taxes and Depreciation	\$_4,197,856	\$ <u>4,561,181</u>
F.		-Operating Expenses		•
	1.	Taxes	\$ 0	\$ 0
	2.	Depreciation	465,882	465,882
	3.	Interest	0	0 (4.545)
	4.	Other Non-Operating Expenses	(4,545)	(4,545)
		Total Non-Operating Expenses	\$_461,337	\$ <u>461,337</u>
NET	INCC	DME (LOSS)	\$ 3,736,519	\$4,099,845

NET INCOME (LOSS) § 3,736,5	\$4,099,845
G. Other Deductions	
Estimated Annual Principal Debt Repayment \$_0	<u>\$_0</u>
2. Annual Capital Expenditure0	0
Total Other Deductions \$_0	<u>\$</u> 0
NET BALANCE \$ 3,736,5	\$4,099,845
DEPRECIATION \$ 465,882	2 _{\$_} 465,882
FREE CASH FLOW (Net Balance + Depreciation) § 4,202,4	<u>\$4,565,727</u>

Total Facility

Project Only

PROJECTED DATA CHART-OTHER EXPENSES

OT	HER EXPENSES CATEGORIES	Year 2019	Year_ ²⁰²⁰
1.	Professional Services Contract	\$_57,284	\$ <u>57,284</u>
2.	Contract Labor	277,370	293,889
3.	Imaging Interpretation Fees	0	0
4.	Other Expenses	325,541	325,541
5.	Value	<u></u>	
6.		-	
7.		-	
	Total Other Expenses	<u>\$ 660,195</u>	\$ 676,714

E. 1) Please identify the project's average gross charge, average deduction from operating revenue, and average net charge using information from the Projected Data Chart for Year 1 and Year 2 of the proposed project. Please complete the following table.

	2017	2018	2019	2020	% Change (Current Year to Year 2)
Gross Charge (Gross Operating Revenue/Utilization Data)	53,533	10,551	9,519	9,152	-13.3%
Deduction from Revenue (Total Deductions/Utilization Data)	663	222	200	192	-13.3%
Average Net Charge (Net Operating Revenue/Utilization Data)	11,511	10,329	9,319	8,960	-13.3%

 Provide the proposed charges for the project and discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the project and the impact on existing patient charges.

Response:

There will be no adjustments to current charges due to the implementation of this project.

See Chart below

	Total Facility 2017	Total Facility 2018	Total Facility + Project 2019	Total Facility + Project 2020	% Change (Current Year to Year 2)
Gross Charge (Gross Operating Revenue / Utilization Data)	53,533	10,551	9,519	9,152	-13.3%
Deduction from Revenue (Total Deductions/Utilization Data)	663	222	200	192	-13.3%
Average Net Charge (Net Operating Revenue / Utilization Data)	11,511	10,329	9,319	8,960	-13.3%

3) Compare the proposed charges to those of similar facilities in the service area/adjoining service areas, or to proposed charges of projects recently approved by the Health Services and Development Agency. If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

Response: Attachment Section B: Economic Feasibility E-3

F. 1) Discuss how projected utilization rates will be sufficient to support the financial performance. Indicate when the project's financial breakeven is expected and demonstrate the availability of sufficient cash flow until financial viability is achieved. Provide copies of the balance sheet And income statement from the most recent reporting period of the institution and the most recent audited financial statements with accompanying notes, if applicable. For all projects, provide financial information for the corporation, partnership, or principal parties that will be a source of funding for the project.

Response: Attachment Section B. Economic Feasibility: F-1

There are no other outside corporate, partnership or principal parties providing financial support for this project.

2) Net Operating Margin Ratio – Demonstrates how much revenue is left over after all the variable or operating costs have been paid. The formula for this ratio is: (Earnings before interest, Taxes, and Depreciation/Net Operating Revenue).

Utilizing information from the Historical and Projected Data Charts please report the net operating margin ratio trends in the following table:

Year	Total Facility 2016	Total Facility 2017	Total Facility 2018	Total Facility + Project 2019	Total Facility + Project 2020
Net Operating Margin Ratio	3.4%	5.6%	15.4%	12.5%	12.2%

3) Capitalization Ratio (Long-term debt to capitalization) — Measures the proportion of debt financing in a business's permanent (Long-term) financing mix. This ratio best measures a business's true capital structure because it is not affected by short-term financing decisions. The formula for this ratio is: (Long-term debt/ (Long-term debt +Total Equity (Net assets)) x 100).

For the entity (applicant and/or parent company) that is funding the proposed project please provide the capitalization ratio using the most recent year available from the funding entity's audited balance sheet, if applicable. The Capitalization Ratios are not expected from outside the company lenders that provide funding.

Response: N/A

G. Discuss the project's participation in state and federal revenue programs including a description of the extent to which Medicare, TennCare/Medicaid and medically indigent patients will be served by the project. Additionally, report the estimated gross operating revenue dollar amount and percentage of projected gross operating revenue anticipated by payor classification for the first year of the project by completing the table below.

Applicant's Projected Payor Mix, Year 1

Payor Source	Projected Gross Operating Revenue	As a % of total
Medicare/Medicare Managed Care	3,563,993	70%
TennCare/Medicaid	0	0%
Commercial/Other Managed Care	1,527,628	30%
Self-Pay	0	0%
Charity Care	0	0%
Other (Specify)	0	0%
Total	5,091,621	100%

H. Provide the projected staffing for the project in Year 1 and compare to the current staffing for the most recent 12-month period, as appropriate. This can be reported using full-time equivalent (FTEs) positions for these positions. Additionally, please identify projected salary amounts by position classifications and compare the clinical staff salaries to prevailing wage patterns in the proposed service area as published by the Department of Labor & Workforce Development and/or other documented sources.

Position Classification	Existing FTEs (2018)	Projected FTEs 2019	Average Wage (Contractual Rate)	Area Wide/Statewide Average Wage
a) Direct Patient Care Positions				
Nursing Management & RNs	11	13	\$36.71 /hr	\$37.15/statewide
Pharmacists, Pharm Techs, & PSRs	21	23	\$35.92/hr	\$57.68/pharmacist
Clinical Liaisons & Dieticians	8	8	\$42.97/hr	\$78000/yr
Warehouse Distribution & Delivery	4	4	\$12.00/hr	\$10.75/hr
Total Direct Patient Care Positions	44	48		

Position Classification	Existing FTEs (2018)	Projected FTEs 2019	Average Wage (Contractual Rate)	Area Wide/Statewide Average Wage
b) Non-Patient Care Positions				
Intake & Customer Service	9	11	\$20.99	\$19.23/hr
Adminstrative Staff & Management	6	7	\$20.00	\$18.00/hr
Account Managers	2	2	\$47.50	
Total Non-Patient Care Positions	17	20		

 Describe all alternatives to this project which were considered and discuss the advantages and Disadvantages of each alternative including but not limited to:

There are no alternatives to this project discussed.

1) Discuss the availability of less costly, more effective and/or more efficient alternative methods of providing the benefits intended by the proposal. If development of such alternatives is not practicable, justify why not, including reasons as to why they were rejected.

Response:

There is no availability of less costly, more effective methods to provide benefits by the implementation of this project

2) Document that consideration has been given to alternatives to new construction, e.g., modernization or sharing arrangements. NA

SECTION B: CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE

A. List all existing health care providers (i.e., hospitals, nursing homes, home care organizations, etc.), managed care organizations, alliances, and/or networks with which the applicant currently has or plans to have contractual and/or working relationships, that may directly or indirectly apply to the project, such as, transfer agreements, contractual agreements for health services.

Response:

Option Care Infusion Services, LLC has a Joint Venture with Vanderbilt Hospital and its outlying facilities whereby care is jointly coordinated. We have contractual agreements with the following home health agencies: Camelia Home Health, Suncrest (All in the Family) Home Health, Amotec Staffing, NHC Home Care, Home Health Care of East Tennessee. The applicant coordinates nursing services with these agencies intermittently as needed. Option Care Infusion Services, LLC has working relationships with many Medicare certified agencies. Tricare, UHC, UHC Comm, Humana, Tricare, Aetna, Healthsprings, UMR.

B. Describe the effects of competition and/or duplication of the proposal on the health care system, including the impact to consumers and existing providers in the service area Discuss any instances of competition and/or duplication arising from your proposal including a description of the effect the proposal will have on the utilization rates of existing providers in the service area of the project.

Response:

1) Positive Effects

Tennessee has underserviced the population of chronically ill patients. RNs, to infuse medications that require oversight throughout the infusion. Option Care does not want to duplicate any service. Option Care is focused on the provision of care that will benefit the patient and eases the burden of staffing this patient population throughout the state. Option Care is the nation's largest independent provider of home and alternative treatment site infusion services. Option Care is the sole provider of a new life extending infusible medication for the treatment of ALS. This will decrease the burden on already overloaded municipal healthcare systems.

2) Negative Effects

This request will have no negative effect on the healthcare system. Our present CON services service area of 33 counties will be unaffected by the addition of 28 counties to our CON.

B. 1) Discuss the availability of and accessibility to human resources required by the proposal, including clinical leadership and adequate professional staff, as per the State of Tennessee licensing requirements and/or requirements of accrediting agencies, such as the Joint Commission and Commission on Accreditation of Rehabilitation Facilities.

Response:

Option Care Infusion Services, LLC fully staffs the existing 33 counties that we service with a Certificate of Need by highly specialized trained staff. The proposed addition of 28 counties covered by our CON will not impact the ability to continue to staff appropriately. Option Care Infusion Services, LLC is very proactive in securing staff to accommodate the demand for infusion specialists. Option Care is committed to following state agency requirements, ACHC and payor requirements for staffing. All relationships with agencies must adhere to strict subcontracting requirements - proof of liability insurance, current home health license, and orientation completion and training.

2) Verify that the applicant has reviewed and understands all licensing and/or certification as required by the State of Tennessee and/or accrediting agencies such as the Joint Commission for medical/clinical staff. These include, without limitation, regulations concerning clinical leadership, physician supervision, quality assurance policies and programs, utilization review policies and programs, record keeping, clinical staffing requirements, and staff education.

Response:

The applicant verifies that we have reviewed and understand all licensing and/or certification as required by the State of Tennessee and/or the Accreditation Commission for Health Care (ACHC), the applicants accrediting agency. These include without limitation, regulations concerning clinical leadership and supervision, quality assurance policies and programs, utilization review, policies and procedures, clinical programs, record keeping, clinical staffing requirements, and staff education.

3) Discuss the applicant's participation in the training of students in the areas of medicine, nursing, social work, etc. (e.g., internships, residencies, etc.).

Response: Option Care does not participate in the training of students.

C. Identify the type of licensure and certification requirements applicable and verify the applicant has reviewed and understands them. Discuss any additional requirements, if applicable. Provide the name of the entity from which the applicant has received or will receive licensure, certification, and/or accreditation.

Response: Option Care Infusion Services, LLC verifies that we have reviewed and understand the licensure and accreditation requirements.

Licensure: Board of Licensing Health Care Facilities, State Of Tennessee Department of Health as a Home Care Organization.

Certification Type (e.g. Medicare SNF, Medicare LTAC, etc.):

N/A

Accreditation (i.e., Joint Commission, CARF, etc.): Accreditation Commission for Health Care (ACHC) – Active Status, in good standing as a Pharmacy, Ambulatory Infusion Center, Infusion Nursing Services, Infusion Pharmacy Services, including Sterile Compounding.

1) If an existing institution, describe the current standing with any licensing, certifying, or accrediting agency. Provide a copy of the current license of the facility and accreditation designation.

Response: Attached License C-1, Accreditation, Licensure Survey

Option Care has no deficiencies to report with the State of Tennessee Department of Health and is committed to providing quality care and services as granted by the Accreditation Commission for Health Care. Option Care is certified by the Pharmacy Compounding Accreditation Board.

- 2) For existing providers, please provide a copy of the most recent statement of deficiencies/plan of correction and document that all deficiencies/findings have been corrected by providing a letter from the appropriate agency.
 - Response: N/A
- 3) Document and explain inspections within the last three survey cycles which have resulted in any of the following state, federal, or accrediting body actions: suspension of admissions, civil monetary penalties, notice of 23-day or 90-day termination proceedings from

Medicare/Medicaid/TennCare, revocation/denial of accreditation, or other similar actions.

Response: There are none to report.

- a) Discuss what measures the applicant has or will put in place to avoid similar findings in the future. NA
- E. Respond to all of the following and for such occurrences, identify, explain and provide documentation: See Attachment Section B. Contribution to the orderly development of healthcare E-1
 - 1) Has any of the following:
 - a) Any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant);

Response:

Vanderbilt Health Services, LLC

50%

Option Care Enterprises, Inc.

50%

b) Any entity in which any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant) has an ownership interest of more than 5%; and/or

Response:

Vanderbilt Health Services, LLC

50%

Option Care Enterprises, Inc.

50%

- c) Any physician or other provider of health care, or administrator employed by any entity in which any person(s) or entity with more than 5% ownership in the applicant (to include any entity in the chain of ownership for applicant) has an ownership interest of more than 5%.

 N/A
- 2) Been subjected to any of the following:
 - a) Final Order or Judgment in a state licensure action;

Response:

Yes - Attachment Section B. Contribution to the Orderly Development of Healthcare: E-2a-d

b) Criminal fines in cases involving a Federal or State health care offense;

Response: No

c) Civil monetary penalties in cases involving a Federal or State health care offense;

Response: No

d) Administrative monetary penalties in cases involving a Federal or State health care offense;

Response: Yes- Attachment Section B. Contribution to the Orderly Development of Healthcare: E-2a-d

e) Agreement to pay civil or administrative monetary penalties to the federal government or any state in cases involving claims related to the provision of health care items and services; and/or

Response: No

f) Suspension or termination of participation in Medicare or Medicaid/TennCare programs.

Response: No

g) _ls presently subject of/to an investigation, regulatory action, or party in any civil or criminal action of which you are aware.

Response: No

h) Is presently subject to a corporate integrity agreement.

Response: No

1) Complete the following chart by entering information for each applicable outstanding CON by applicant or share common ownership; and NA

	2	Outstanding P	rojects		
		Date	*Annual Pro	gress Report(s)	Expiration
CON Number	Project Name	Approved	<u>Due Date</u>	Date Filed	Date
7					
10-					
Annual Progress	Reports - HSDA Rules red	quire that an Ann	nual Progress Re	port (APR) be submi	tted each year.
completion and/o	annually until the Final Proje or implementation of the pro	ect κepoπ (FPK) piect). Brief prod	ıs submiπeα (FP iress status upda	rt is due within 90 hir etes are requested as	iety days of the s needed. The

project remains outstanding until the FPR is received.

2)	Provide a brief	description	of the	current	progress,	and	status	of	each	applicable	outstandi	ng
	CON. NA											

G	Fauipment Registry -	For the a	nnlicant and	all e	ntities in	common	ownership with	h the	applicant	NA
רו	- Funininent vedistry -	- 1 01 1115 8	DUNGANI ANG			COULINION	CAMILE SILID AMIT	11 11 10	applicant.	1.4/

1)	Do you o	own, lea	ase, ope	erate, and/or o	contract wit	h a mobile v	endor for a	a Compi	uted Ton	nography
•	scanner	(CT),	Linear	Accelerator,	Magnetic	Resonance	Imaging	(MRI),	and/or	Positron
	Emission	n Tomo	grapher	(PET)?						

2)	If yes, have you submitted their registration to HSDA?	If you have, what was the date of
	submission?	

3)	If yes, have you submitted your utilization to Health Services and Development Agency?	If you
	have, what was the date of submission?	

SECTION B: QUALITY MEASURES

Please verify that the applicant will report annually using forms prescribed by the Agency concerning continued need and appropriate quality measures as determined by the Agency pertaining to the certificate of need, if approved.

Response:

The applicant verifies that Option Care Infusion Services, LLC will report annually using forms prescribed by the agency concerning continued need and appropriate quality measures as determined by the Agency pertaining to the certificate of need.

SECTION C: STATE HEALTH PLAN QUESTIONS

T.C.A. §68-11-1625 requires the Tennessee Department of Health's Division of Health Planning to develop and annually update the State Health Plan (found at http://www.tn.gov/health/topic/health-planning). The State Health Plan guides the State in the development of health care programs and policies and in the allocation of health care resources in the State, including the Certificate of Need program. The 5 Principles for Achieving Better Health are from the State Health Plan's framework and inform the Certificate of Need program and its standards and criteria.

Discuss how the proposed project will relate to the <u>5 Principles for Achieving Better Health</u> found in the State Health Plan.

Response:

Option Care will provide care for our customers in these proposed 28 counties by following the State of Tennessee's Health Plan Under the 5 Principles of Achieving Better Health

A. The purpose of the State Health Plan is to improve the health of the people of Tennessee.

Response:

The timely provision of appropriate, clinical expert services to home health patients is essential to support an uninterrupted continuity of care and to avoid patient deterioration and/or re-hospitalization. This project will allow specialty infusion services to continue to provide home care for patients with chronic and complex conditions.

B. People in Tennessee should have access to health care and the conditions to achieve optimal health.

Response:

The availability of this highly specialized infusion service continues to improve patient access to needed home care services and will provide such service for the 28 additional Tennessee counties requested in this CON. It will allow Option Care Infusion to provide services to optimize the health and condition of Tennesseans throughout all regions of the state.

C. Health resources in Tennessee, including health care, should be developed to address the health of people in Tennessee while encouraging economic efficiencies.

Response:

Option Care Infusion Services, LLC mission is to deliver high quality, cost effective infusion services through trusted partnerships across the healthcare system, resulting in outcomes that make a positive difference in people's lives.

D. People in Tennessee should have confidence that the quality of health care is continually monitored and standards are adhered to by providers.

Response:

The applicant is currently licensed through The Department of Health and is accredited by the Accreditation Commission for Health Care (ACHC). Option Care has an aggressive Continued Quality Improvement program.

E. The state should support the development, recruitment, and retention of a sufficient and quality health workforce.

Response:

The principal location will continue to support the development, recruitment, and retention of its healthcare workforce. This nursing operation offers a full range of medical, financial, and personal benefits; including but not limited to medical and dental insurance, long-term disability insurance, life insurance, retirement planning and investment option, and employee assistance programs for legal, and psychiatric referrals. Additionally, this nursing operation will offer professional training and credentialing assistance for qualified employees.

PROOF OF PUBLICATION

Attach the full page of the newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper that includes a copy of the publication as proof of the publication of the letter of intent.

NOTIFICATION REQUIREMENTS

(Applies only to Nonresidential Substitution-Based Treatment Centers for Opiate Addiction)

Note that T.C.A. §68-11-1607(c)(9)(A) states that "...Within ten (10) days of the filing of an application for a nonresidential substitution-based treatment center for opiate addiction with the agency, the applicant shall send a notice to the county mayor of the county in which the facility is proposed to be located, the state representative and senator representing the house district and senate district in which the facility is proposed to be located, and to the mayor of the municipality, if the facility is proposed to be located within the corporate boundaries of a municipality, by certified mail, return receipt requested, informing such officials that an application for a nonresidential substitution-based treatment center for opiate addiction has been filed with the agency by the applicant."

Failure to provide the notifications described above within the required statutory timeframe will result in the voiding of the CON application.

Please provide documentation of these notifications.

DEVELOPMENT SCHEDULE

T.C.A. §68-11-1609(c) provides that a Certificate of Need is valid for a period not to exceed three (3) years (for hospital projects) or two (2) years (for all other projects) from the date of its issuance and after such time shall expire; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificates of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A Certificate of Need which has been extended shall expire at the end of the extended time period. The decision whether to grant such an extension is within the sole discretion of the Agency, and is not subject to review, reconsideration, or appeal.

- 1. Complete the Project Completion Forecast Chart on the next page. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase. NA
- 2. If the response to the preceding question indicates that the applicant does not anticipate completing the project within the period of validity as defined in the preceding paragraph, please state below any request for an extended schedule and document the "good cause" for such an extension. NA

Attn: To: Option Care-A Walgree	ns Com	npany
(Advertising) NOTIFICAT	ION OI	F INTENT TO APPLY FOR (Ref No: 1939955)
P.O.#:		
		PUBLISHER'S AFFIDAVIT
State of Tennessee	}	s.s
County of Knox	}	3.3
Zollar first duly sworn, acco	ording to	ary Public in and for said county, this day personally came Natalie o law, says that he/she is a duly authorized representative of <i>The</i> ewspaper published at Knoxville, in said county and state, and that
		(The Above-Referenced)
of which the annexed is a co	эру, wa	s published in said paper on the following date(s):
03/07/2018		
Subscribed and sworn to be	lla	erewith is correct to the best of his/her knowledge, information, and
Karol & Ka	mejac	
My commission expires		20



THIS IS FOR THE COLLECTION OF A DEBT AND ALL INFORMATION RECEIVED WILL BE USED FOR THAT

ESTATE OF CHARLES STEVEN ADXINS

PERSONAL REPRESENTATIVE (S)

P.O. BOX 1 KNOXVILLE, TN. 37901 March 2 & 14, 2016

NOTICE TO CHEGITORS
ESTATE OF KAREN C DAVES
DOCKET NUMBER 19848-1

ESTATE OF KANEN C DAVES

AMEUA CROTWELL ATTORNEY AT LAW P.O. BOX 3804

P.O. BDX 3804 KNOXVILLE, TM, 37977-3804 Mesch T & 14, 3838 NOTICE TO CREDITOR

ESTATE OF PAUL RANNER HITTLESON COCKET NUMBER 19929-7

PANE BAYMOND KITTLESON

HERWINS KITTLESON:

IN THE CENTURY COURT FOR BLOUCOUNTY, TENNESSEE

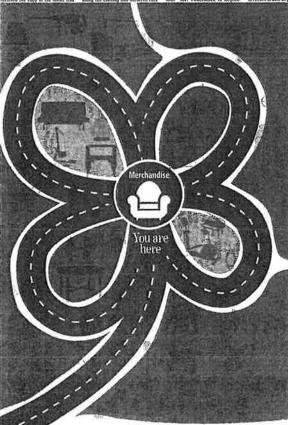
NON-RESIDENT NOTICE

This Natice will be published in the

This the 1st day of February, 1918. STEPHEN S. OBLE, CLERK & MASTER Attorney: Lance A. Evans

Notice Of Foreclosure Notice of Trustee's Sale

THIS LETTER IS FROM A DEBT COLLECTOR.



Lucky finds here

Seek and find that unexpected pot of gold. Browse about and be ready to grab it. Your lucky discovery is closer than you think with easy-read Localfieds.





Account #: 24178

Company: OPTION CARE

Client:

Ad number: 92352

PO#:
Note:

AFFIDAVIT • STATE OF TENNESSEE • HAMILTON COUNTY

Before me personally appeared Jim Stevens, who being duly sworn that he is the Legal Sales Representative of the CHATTANOOGA TIMES FREE PRESS, and that the Legal Ad of which the attached is a true copy, has been published in the above named newspaper and on the corresponding newspaper website on the following dates, to-wit:

Chattanooga Times Free Press: 03/07/18.

And that there is due or has been paid the CHATTANOOGA TIMES FREE PRESS for publication the sum of \$184.80. (Includes \$0.00 Affidavit Charge).

Sworn to and subscribed before me this date: 03/07/2018

Boyvelne Mounouest

My Commission Expires 03/07/2021



——Chattanooga——— Times Free Press

400 EAST 11TH ST CHATTANOOGA, TN 37403

TRUE COPY OF PUBLISHED LEGAL AD

Chattanooga Times Free Press

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 66-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Option Care Infusion Services, LLC DBA Vanderbith HC/Option Care IV Services located at 624 Grassmere Park Dc., See 22, Nastwille, TN 37211, Home Health Agency owned by Option Care Infusion Services, LLC, with an owner-ship type of Joint Venture and to be managed by: Option Care Infusion Services, LLC intends to file an application for a Certificate of Need for an expansion of home health intravenous specialty care services throughout East and West TN to include the addition of the following counties Anderson, Bledsoe, Blount, Bradley, Cumberland, and West 1N to include the addition of the following counties Anderson, Bledkoe, Blount, Bradley, Cumbetand, Fayette, Hardin, Haywood, Knox, Hamilton, Morgan, Haudeman, Jefferson, Van Buern, Louderdale, Loudin, Marion, McMain, McNain, Meigs, Monroe, Polik, Rhea, Roane, Sevier, Shelby, Tipton, Sequatchie, Current CON counties Bedford, Cannon, Cheatham, Coffee, Davidson, Debalb, Dickson, Frankin, Gilles, Grundy, Hickman, Houston, Humpireys, Lawwence, Lewis, Lincoln, Macon, Marshall, Maury, Morgamery, Moore Perry, Pintann, Robertson, Rutherford, Smith, Sumner, Irousdale, Warren, Wayne, White, Williamson, Wilson. Estimated project cost is 515,000.00. The antidipated date of filling the application is: March 9th, 2018. The contact person for this project is Jufic Koenig, Senior VP-Operations, who may be reached at Option Care Infusion Services, LLC, 624 Grassmere Pair, Oc., Ste 22, Nashrille, TN 37211, 888-726-0776. Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

public hearing stall be conducted. Written requests for hearing sound be sent it:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution withing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency need the regularly stacked Health Services and Development Agency need the regularly starked Health Services and Development Agency at or prior to the consideration of the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

Community news

Walnut Grove



Cordova Community Writer 925,0016

Our condolences go out to the families of James White and Brenda Lambert, who

and Brenda Lambert, who recently passed away.

Family tocubers, friends and neighbors of these two Grovanswillsmely miss them. Let us keep these families in our thoughts and prayers as they face the days altead.

The Walnut Grove Heritage Families Families and the families for the days altead.

itage Foundation's monthly meeting was a great success. They are setting dates in stone for upcoming events such as

Community news

an Easter Egg-strevaganza on Saturday, March 31, starting at 1 p.m which will be at the furner school. The annual Heritage Day has been set for Saturday May 5. I will update you on specific times as the

events approaches.
The Heritage Day requires much planning and many vol-unteers. The board members welcome any new ideas that would make the event more exciting and memorable for those who will attend. For those who would like to join the Heritage Foundation, you may come to the next meeting on Monday, April 2 at 6 p.m. and for a small fee you may join, The Walnut Grove Volun-

teer Fire Department Fish Fry is on Saturday, March 10 from

for the residents at HMCRC on

last week visiting with the Gar-

department for equipment and the upkeep of the fire half. They are in need of volun-teers to help cook, serve and

clean. They appreciate all who help to support the fire department.

The men of Lighthouse Pentecosial Church will gath-Protecostal Church will gath-er on Sunday, March 11 for their monthly "Men of Honur Breakfast." This event will underway at 8 a.m., During their breakfast they will dis-cuss goals they plan to reach during the next month, and accomplishments from the past monuli

fee. The proceeds go to the fire

Their current goal is to undertake new renovations at the church, and outreach pro-

2-6 p.m. This is an all you can eat fish or chicken meal with all the trimming for one small vital as they pursue challenges in 2018, Pastor Emic Cordova, along with the men who attend the gatherings always enjoy the food and fellowship, Pastor Cordova and Light-house Pentecostal congre-

gation enjoyed everyone who attended their "Soup-er Sunday," During morning service all members and visitors enjoyed the Signs of Light Sign

rmpyed the Signs of Digit Cign Team's music and songs. Immediately after worship service a meal was prepared and served by the ladies of the church. After dinner, two officers, Sgl. Allen Snelling and Patrolman Nick Brock from the Savannah Police Department presented to the congregation an "Active Shooter Class" which included a short video presentation.

If there are any local church-Godly fellowship among the brethren has been extremely your congregation, contact

them at the Savannah Police Departmentat 731-925-3200 I am grateful to SPD for offering such a timely class to those of

The officers examine the premises and offer expert advice that would better prepare church members with survival skills in case they were to encounter an active shooter. It has been proven true that when a difficult situation arises

you revert back to how you are trained. Should this occur in our church and lives were saved due to these well-trained instructors' presentation, it would be well worth the time spent. The familiar saying, "Better safe than sorry," are

words to live by.
Birthday wishes go out to
Huberta Allen, Jennifer Lam-bert Oktyama and Diana Bar-

my dad, James Staggs, who is currently in rebab al Savannah Health Care, I want to thank all those who have taken time away from their busy schedules

to visit with him.

It's times such as these that
you appreciate friends who are a constant in your lives, Some of those wonderful friends are Mike Smids, Barney and Dyna Wilkerson, Rhonda Hamm, Triston Keymon and Amber White. Although they are no blood relation to my dad, they gofar and beyond to show love for him. For that I am grateful

May God bless you tenfold.
Pastor Timmy Keen of
Crossroads Church invited Barney Wilkerson and me to sing thring their Sunday night service last Sunday. We enjoyed the spirit-filled atmo-sphere and the fellowship of rier. We wish them many more the congregation. Hopefully, years of health and happiness. We can visit with them again Get well wishes go out to

Turkey Creek



Donna Young Community Writer

Sunday afternoon.

I visited with Tammy Abels on Sunday afternoon.
The ladies of TCBC fixed a rucal for the Garrard family after Edua's funeral on Thursday.
I enjoyed a phone call from

I know everyone is glad to see the sunshine, but we know ve also need the rain. We can be

glad that God is in control of the weather and not man in control David, Daltim, Sherry, Dan-iel, Gracie, and I visited and sang

NOTICE

whom it may conce I am filing for a 1980 Mercury Bobca (Red)

PUBLIC

VIN#: 0T22A616528 Anyone with proof of claim should contect Rex Wilkerson Flex Wilkerson

920 Hwy 64

Adamsville, TN 38910
by certified mail, return receipt
requested within 10 business
days from this publication.

NOTICE

whom it may conce I am filing for a (Black)

clelm should contact
Floyd Presley
2205 Glendale Rd.
Ademsville, TN 38310
by certified mail, return receipt
requested within 10 business
days from this publication.

SAVANNAH HEALTHCARE & REHAB CENTER

1645 Florence Rd., Savannah, TN 38372 731-926-4200

1645 Florence Rd., Savannah, TN 38372
731-926-4200
Open Admission Policy
It is the policy of Savannah Healthcare & Rehab Center to admit and to Ireat all patients without regard to race, color, gender, national origin or disability. The same requirements for admission are applied to all persons and patients are assigned within the facility without regard to race, color, national origin or disability. There is no distinction in eligibility for, or in the manner of, providing any patient service by or through this facility. All patients with the addressed by courtesy titles unless it can be documented that they prefer being addressed otherwise.

All persons and organizations having occasion to either refer patients for admission or to recommend patients to the nursing home are advised to do so without regard to a patients' race, color, gender, national origin, or disability. This facility, in compliance with Title Vt of the Civil Rights Act of 1964 and Section 504 of the Rebabilitation Act of 1973, is non-discriminatory in its admission policy with regard to race, color, gender, national origin, or disability, Medical records, services, and physical facilities are available to patients without discrimination as to race, color, gender, national origin, or disability. Medical records, services, and physician facilities are available to patients without discrimination as to race, color, gender, national origin, or disability. Physician privileges are granted on a non-discriminatory basis.

The physical facility is accessible to all patients, visitors, and representatives of the public, including individuals with disabilities and individuals using service animals. Freatment is provided for all patients at the intermediate and skilled levels of care regardless of the type of disability. Special physician. The patient and/or responsible party with be advised of this option. The facility has policies and procedures to instear that the health care of each patient is under the continuing supervision of a physician.

PUBLIC

1998 Honda Nighthawl

VINA: JH2RC380XWM60880 Anyone with proof of claim should contact

SAVANNAH, TENNESSEE

Sapartals seated BIDS for in construction of Wastewaler Treatment Plent Improvements for Savannah, Tennesses, will be received at Sevannah City Hall, 40 Main Street, Savannah, Tennesses aCS72, until 10:000 AM, Cantral Ilme, March 32, 2018, at which time and place they will be publishly uponed and read abud. Bilds being maind for this work via the U.S. Postal Service or shipped via a pared delivery service should be addressed to Mr. Virgil Morte, Usity Discrete, Savannah, Tennessee, 140 Main Sirset, Savannah, Tennessee 38572, and each tidder shall be reaponable for their delivery by the above noted time, Bilds delivered using the U.S. Postal Service or a parcel delivery service must be labeled on the meriodpo used for shipping "Gld Enclosed" and an inside sealed envelope with all required information described hard-inside field on it a solatior shall be ubitized to package the Bid.

The work is in one Certified and includes the following general items of work: work:

CONTRACT 17-01 INFLUENT FORCE MAIN REPLACEMENT

Approximatoly 500 LF, 18-inch DIP (eyce main installed by a
mathoda.

ADVERTISEMENT FOR BIDS

WASTEWATER TREATMENT PLANT IMPROVEN SAVANNAH, TENNESSEE Separate sealed BIDS for the construction of Wastewaler

I mathods.

• All required by-pease pumpling.

as described in the Detailed Specifications and shown on the Plana.

The allotted time for construction for this contract is 30 calendar yay. Liquidalad damages are tive hundred dollars (\$500,00) per calder day.
The CONTRACT DOCUMENTS may be exemined at the following

zalions:

J. R. Wauford & Cempany, Consulling Engineers, Inc., 60 Voluner Boullevord, Jackson, Tenessae 33,355.

Builders Exchange, 162 Copport, Memphila, Tennassee 38104

Sustiners Exchange, 162 Copport, Memphila, Tennassee 38104

sustiners Exchange, 162 Copport, South, Sulle 109, Notrona,

organizationnect, 30 Technology Pélys South, Sulle 109, Notrona,

propriet 30/992 DOIGE Data, A Panjalist or Insir levable on stews.comuction.com West Tennassee Plan Room, 439 Alrways Elvd., Jacks-

Servigia d'Ober Chulde De de la Visigne de la visit de Verba da Viennico de la Visigne de Visigne de la Visigne de la Visigne de la Visigne de Visi

enso. Each Bidder shall abide by the provisions of TCA 52-6-119(b) which

states in part:

"(b) Any person or entity involved in the preparation of the invitation to bid or comparable bid documents shall direct that the name, Benze number, excitation date benefit, and Benze classification of the combact, or applying to bid to the prime control and for the Invasory over function applying to bid to the prime control and for the Invasory over function applying to bid to the prime control and for the Invasory over function applying to bid to the prime control and for the Invasory over function and cooling project, the company name, Transassos department of environment and contravalion fecens number, classification (0, L. or (1), J. and the control in the control i ales in part:

(b) Any person or entity involved in the preparation of the invitation bid or comparable bid documents shall direct that the name, ficense

Contacte inegal minigials at basions in the contractor compliance with or shall be responsible for any of its discontinuator's compliance with in Contractor compliance with 10A 124-125(a) and (b) the ENRINEER will not leave address less than torty-right (45) hours before the bid opening date and time; buther, any questions concentring the bid documents shall be necessive by the ENRINEER before inchey-aix (98) hours prior to the bid opening date and time.

All bidders and comply with all provisions of TCA 124-126 as at 1 relates to cartification of compliance logarities to the contribution of the compliance conflicted in the contribution of the compliance conflicted in the Contractor and the contribution of the compliance conflicted in Diseastment Act and submit it with hisher tief. The Contractor shall be responsible for any oil its Subcomberder's compliance with call days.

The successful bidder shall be required to turnish both an acceptable Parlormance Bond and Payment Bond eachs in the amount of one hundred proceen (100%) of the Contract price and a survey or and at 10ds, to waive intermalities, and temporal to its register any and at 10ds, to waive intermalities, and temporal to the appear all under both bidder to bidders to each solon as may be necessary.

No bidder may windered in Edd for 90 days, while the Covers concessing.

SAVANNAH,TENNESSEE /a/ Honorable Bob Shull Mayor

Maxell Gray on Friday. Ray and Linda Whipkey of Vacaville, California and Jenemy Pottigrow and Amanda Lavallo of Depow, New York were here

rard family.

PUBLIC NOTICE All Hardin County Convenience Centers will begin staying open until 6:00 p.m. daily on Sunday, March 11, 2018

ADVERTISEMENT FOR BIDS

Project No. 11223
City of Savaneah, TN (Owner)
Separate saded bids for 2016 CDBB Faceda improvement Project for minor demolition and renovation work to building facedas in downlown Bearana's will be received by from Smith at the office of Project Manager in Savanna's City Hall until 2:00 p.m., C.S.T. on March 22, 2016, and then ot said office and the office of Project Manager in Savanna's City Hall until 2:00 p.m., C.S.T. on March 22, 2016, and then ot said office and the office of Project Manager in Savanna's Company of the Company of the

City Hall until 200 p.m., C.R.T. on March 22, 2015, and then at cald office poblicity opened and resid aloud. The Information for Biddiss, Form of Bid, Form of Contract, Plans, Specifications, and Forms of Bid Board, Performance and Psymant Bond, and other contract documents range be assembled at the following: Several Contract of Contract Con

as biols. Each bidder must deposit with his bid, xecurity, in the amound, form and subject to the conditions provided in the information for Biddem. All bidders must be licensed General Contractors as required by the Contractor's Licensing Act of 1994 of the General Assembly of the State of Tennessee, and qualified for the type of construction being bid upon. Attention of bidders is particularly called to the requirements as to condition of employment to be observed and minimum wage rates to be paid under the contract, Section 3, Segregated Faolity, Section 109 and E.O., 11246. No bidder may withdraw hile bid withing 60 days after the actual date of the

opening thereof

Nashville

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notics to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 et seq., and the Rules of the Health Services and Development Agency,

Horno Health Agency owned by: Option Care Infusion Services, LLC, with an ownership type of Joint Venture and to be managed by: Option Care Infusion Services, LLC Intends to file an application for a Certificate of Need for [PROJECT DESCRIPTION BEGINS HERE]:

Phase, Round, Sevier, Shelby, Tipton, Socializhia Current CON counties: Bedford, Cannon, Chasthern, College, Davidson, Dekalb, Olckson, Franklin, Giles, Grundy. Externa, Houston, Humphroys, Lawronce, Lawls, Elmons, Membrist, Marins, Managemeny, Moore, Paris, Public, Hoberton, Russelber, Sevill, Summer, Translater,

Warren, Wayne, White, Williamson, Wilson. Estimated project cost is \$15,000.00. The anticipated date of filing the application is: March 9th

The contact person for this project is

Julie Koenig
(Contact Marine) Senlor VP-Operations who may be reached at: Option Care Infusion Services, LLC 624 Grassmere Park Dr. Ste 22

(Address) BB8 / 726-0776 (Ana Code Phone Number 37211 (State) (Zhi Code) Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

TN

Health Services and Development Age Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 88-11-1697(c)(1). (A) Any health cere institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (8) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency at or prior to the consideration of the application by the Agency.

SPORTS

AJHS Cards defeat Alcorn

Plunk tosses no-hitter



Adamsville 8th grader Carson Plunk tossed a no-hitter in Adamsville's 5-0 win over Alcorn Central Middle School last Tuesday. Plunk struck out 9 batters and only walked 2 in the five-inning contest.

The Adamsville Jr. High seeball team traveled to

The Adamsville Jr. High baseball team traveled to Alcorn Central last Tuesday and cause away with a 5-10 win over the Golden Bears. Carson Plunk dddn't allow a single list as the young Cardinals defeated Alcorn Middle 5-0. Phunk struck out 9 batters and walked 2, while facing only 17 hitters in 5 innings.

Duke Samples led the

offcuse with 2 hits and 2 RBIs. Kaleb Graham, Harrison Way, Will Heath, and Will Burgas each added a hit,

Cardinal JV Alcorn Middle JV 1

Adamsville's IV team won their game by the score of B = 1. Heath, Samples and Hayden Hum combined on the rubber jun allowing 3

hits and I walk while strik-

The offense was led by Logan Speacer, Ashton Duke, and Austin Finley with a hit each.

Cards sweep Hornsby

Saturday, March Cardinals took on and won two games of 17-0 and 5-1. Wes



Adamsville's Duke Samples had 2 hits and 2 RBIs in the Cardinals' win over Alcord

Butter and Kaleb Graham combined for the no-hitter in the first game.

The game was called after 3 imming because of the run-rule. Butter struck out 2 and walked 2. Graham struck out 2 and walked 2. Graham struck out 2 and walked 2 in one to tuning

walked 2. Graham struck out
2 and walked 2 in out innuing
of work. The officuse pounded
out 12 hits.
Carter McLentore, Will
Heath, and Will Bargar
each collected 2 hits. Logan

Luckett, Hayden Hunt, Carson Plunk, and Graham each added hits.

Cardinal JV Hornsby JV

The Junior Varnity in the second game came with some strong pitching also. Braden McLemore, Matthew Mecks. Emsten Enzor, and Asinon Duke combined on holding Hornsby to one run.

The years pitchers struck out 5 and walked 4 to cruise to the victory. The offense, was led by Anton Doke, Ell Lambert, Autin Finley, and Reed Harmon all collecting 1 lait. Adamsville's varsity team

improved to 5-1 on the sea-son and the JV team remains unbeaten at 4-0.

Spring From pg. 13

Adamsville's bareball team will travel to Lexington on Monday to open the season with a district game against the Tigers at 5 p.m.
Lexington will play at Adamsville on Tracriay at 6 p.m. in softball the Lody Bobeats open their season on the road with an anowy district on Monday at 5 p.m.
The Lady Bobeats will visit Scotts Hill on Truerday for another District HAVA game. Their first home game will be on Thursday, March 15th when they horn Ripley. Adamsville 's Lady Cardinals will be on Thursday, March 15th when they horn Ripley. Adamsville 's Lady Cardinals will be on Thursday and the secret. Adamsville will have 5 p.m. in secret. Adamsville will have been been secret. Adamsville will have been been secret. Adamsville will have been secret. Adam

will invide to Middleton on Thursday.

The Bobcal soccer team spent their 2018 exame next. Turnday when they host seets Hill at 320 p.m. on Thursday, March 1541 the Bobcats will hast Fayette-Ware at 530 p.m.

Adustryelli will host McKhary Central in tennis settim to open the examo on March 12th. Good hock to all the abbletes and caselers in the 2018 spring sports.

Get Lower Advertising Rates

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Call the McNairy County News 645-7048



AHS senior pitcher Allen Wells will have several college scouts watching him this season.

BRIDGE CLOSING

Sticine Rd. over Muddy Creek will be closed for bridge repairs beginning Monday, March 12, 2018 through Thursday, March 15. 2018. Alternate routes will be Smith Store Rd. on the north side and Ridge Rd. on the south side.



24 Hour Wrecker Service 3926 Hwy. 45 S. Selmer, TN

731-645-5353 4-Wheel Alignments Insurance Claims Welcome!



MCHS senior pitcher Peyton Childers will be one of the keys to the Bobcats' success

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 et see, and the Rulet Sorvices and Development Agency, that: Opino Tear Indison Services, LLC DBA Vanderbilt HC/Option Care IV Services tocated at, 624 Grassmere Park Dr., Stc. 22, Nasiville, TN 37211, Home Health Agency owned by: Option Care Indison Services, LLC, with an ownership type of Joint Venture and to be managed by: Option Care Infusion Services, LLC, with an One health intravenous societality care services throughout East and expansion of home health intravenous societality care services throughout East and Influsion Services, LLC: intends to tile an application for a Certificate of Need for American expansion of home health intravenous specifically care services throughout East and West TN to include the adultion of the following counties: Andersea, Bleddos, Bloont Bradley, Comberland, Fayette, Hardin, Haywood, Knos, Hamilton, Morgran, Hardenna, Lefferson, Van Burn, Lauderdalle, Loudon, Marion, Medlain, McNairy, Meigs, Monroe Polk, Rheu, Roane, Sevier, Shelby, Tipton, Sequatchis, Current CON counties: Bedford Control of the Con Polit, Kheu, Kogare, Sevier, Shelby, Tipton, Sequatente, Current CON countes: Beatons, Cannon, Cheatham, Coffee, Davidson, Dekalb, Dickson, Franklin, Gilse, Grundy, Hickman, Houston, Humphreys, Lawrence, Lewis, Lipcoln, Maeon, Marshall, Maury, Moutgomery, Moore, Perry, Pruman, Robertson, Rubherford, Smith, Summer, Trousdale, Warnen, Wayne, White, Williamson, Wilson, Estimated project cost is \$15,000.00. The anticipated date of filing the application is: March 9, 2018
The contact person for this project is Julie Keenig, Senior VP-Operations who may be reached uit Option Care Influsion Services, LLC 624 Grussmer Park Dr. Ste. 22, Nashville, TN 3721.18887/25-0776.

Nashville, TN 37211 888/726-0776.
Upon written request by interested parties, a local Pact-Finding public hearing shall be

conducted,
Written requests for hearing should be sent to:
Health Services and Development Agency
Andrew Jackson Bullding, 9th Ploor
502 Deaderick Street.
Nuchallin Tria 72744

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The Commercial Appeal Affidavit of Publication

STATE OF TENNESSEE COUNTY OF SHELBY

Personally appeared before me, Glenn W. Edwards, a Notary Public, Helen Curl, of MEMPHIS PUBLISHING COMPANY, a corporation, publishers of The Commercial Appeal, morning and Sunday paper, published in Memphis, Tennessee, who makes oath in due form of law, that she is Legal Clerk of the said Memphis Publishing Company, and that the accompanying and hereto attached advertisement was published in the following editions of The Commercial Appeal, to-wit:

March 7, 2018

Subscribed and sworn to before me this the day of March, 2018.

Church Church Notary

My commission expires January 20

Correccial Appel Memphis



Employment

Farmer's Market

Trading Post Financial



Garage Sales

Merchandise



Legals

Pets



Real Estate
Commercial



Real Estate Rentals



Real Estate Sales





Training and Education





Services Offered









FRANK & ERNEST By Bob Thaves











SEVENT







Personals



Domestic Help

LADY LOOKING TO CARE FOR THE ELDENLY, DAYS, EVENING ON GVER NIGHT, ALSO CLEAN HOUSES, EXPER, A REF, CALL: 981-644-5659

Employment:Wanted.

Affordable Caregiver Full time \$16/hr. Parl time \$26/hr. Parl time \$26/hr. Parl time \$20/hr. 5 hrs or more. 15 years experience. Excellent references. Clarice. (201)687-6445

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GREAT (

\$100 S. Perkins Cut Off Rd. \$1000 down required. Mphs, In 1811s



Legal Notices.
NOTICE OF SUBSTITUTE TRUSTEE 5 SALE WHIEREAS, default has occurred in the performance of the substitution of

esten parties evypin or acte induced wheelest associations. Associations and action of the control of the contr

State of Tennessee and Conservation

Division of Remediation ("DoR")

Division al Remediation ("DOR")

Netice of Bruwnfield Voluntary
Agreement Persuant to T.C.A.
§ 55-22-224 and Approved
Administrative Settlement,
Pursuant to 47 U.S.C. § 9512(0)
with Respect to Property
iocated al 120 St. Paul Avenus,
Memphis, Shelly County,
Tennesses (the "Site")

Legal Notices

Legal Notices

Party, Including protection
against third-adry contribution claims regarding matters
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Bullding Supplies

CHICKASAW LUMBER

AVENUE (C. MIII DO LIC
2x4x8\$2.29
4x8 7/16" DSB,,,,\$12,99
Ceramic Tile49¢ fl.
4x8 1/2" Shaelrock\$9.05
8"x12' Tex. Siding \$4.05

LUMBER IN STOCK

Leuel Notices

Legui Notices:
ment of Environment and Conservation, Division of Aeestdations, Raby Wolf Lake Drive,
Bartlett, NY 1973 or by phone
copy of the Environment of the Copy of the Servantied Voluntary
Agreement. The DRI is
accopating written comments are
the comment or Intry 1900 days after
the date of spidication of this
asked by the Copy of the Copy of the Copy
at the Labove address.

**Westfitter Runstress August 1900 feet 1900
**Westfitter Runstress August 2000
**W

at the above address.

SUBSTITUTE TRUSTEE'S SALE
Sale at public suction will be
so March 14, 2018 at 11:00AM
incal time, at the east door,
auderdale County Courtbouse, 100 Court Square,
Ripley, Tennessee pursuant
in Dead of Trist system by

Bullding Supplies

DISCOUNT BUILDING SUPPLY

ANNOT STANFOR	~ ž
1/2 x 4/8 Plywood	510
50 for Hell Renting	_518
Roof Shingles, ut	534
4x8 Siding	_ \$15
12" x 12" Lapsiding	
Lumber, Cabinets	& Deer

Cagal Notices

This aroperty is being sold with the express reservation that the sale is suddent to confirma-tion by the lender of trustes. This sale may be restinded only by the Substitute Trustee at any time. It his substitute Trustee rescinds the sale, the suuchaser shall only be coti-

Legal Notices

Legal Notices NOTIFICATION OF INTENT TO APPLY FOR

A CERTIFICATE OF NEED and/or official motion to History Merices and in accordance with T.C.A.A. 54-13-1600 at and, bendons and Development Agency, that, thousand Services, LLC 09A Variceful, HCO

NOTICE TO CREDITORS

NOTICE
TO CREDITORS

Estate of BERRIGE EDWARD CRAIN, deceased.

WARD CRAIN, deceased.

The test of your Merrix, 2014,
letters testamentary (or of administration set he case may be)
In respect of the estate of BERNICE EDWARD CRAIN, who
died January 18, 2018 were tested to list undernigned by the
Javerite and Probate Court of
Laustrafiale Courty, Tennemers.

Laustrafiale Courty, Tennemers.

Laustrafiale Court, and Laustrafiale Courty, Tennemers,
mentured or Unmeltured, applicate
the sestate are required to file the
same with the Clerk of the above
named Court on or baffore the
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of the first publication (or posiingl; or

(B) Sikty (60) days from
(B) Sikty (60) days from
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creditor if the certific recease
that (60) days prior to the date
that of four (4) moriths from the
date of first publication (or posiingl) as described in (1/5/1); or,
(2) Twelve (2) moriths from the
date of first publication (or posiingl as described in (1/5/1); or,
(2) Twelve (2) moriths from the
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Ellen Crain Thomason Monty Cerson McWillams Co-Executors William Dan Douglas, Jr. Attorney for the Estate

Unda Summar

Clerk 8-2tp

Lark DoWayne Guddy Executor (or Administrator) Rebecca S. Mille Allemay for the Estate Linda Summar Clerk

NOTICE

NOTICE

TO CREDITORS

Eatle of JOHN ANDREW
GADDY deceased.

Nolle is hereby given that on the fel day of March, 2016, letters testimentary (or of administration as the case may be) in respect of the eatlet of JOHN ANDREW GADDY, who clied October to QOHN ANDREW GADDY, who clied October to QOHN ANDREW GADDY, who clied October to, 2017 were letter of JOHN ANDREW GADDY, who clied October to, 2017 were letter of JOHN ANDREW GADDY, who clied October to, 2017 were letter of JOHN ANDREW GADDY, who clied October to, 2017 were letter of JOHN ANDREW GADDY, who clied October to, 2017 were letter of JOHN ANDREW GADDY, who clied October to, 2017 were letter of JOHN ANDREW GADDY, who clied October to, 2017 were letter of JOHN ANDREW GADDY, who clied October to, 2017 were letter of JOHN ANDREW GADDY, who clied October to, 2017 were letter of JOHN ANDREW GADDY, who clied October to, 2017 were letter of JOHN ANDREW GADDY, who clied October to the outstee of JOHN ANDREW GADDY, who clied October to, 2017 were letter of JOHN ANDREW GADDY, who clied October to, 2017 were letter of JOHN ANDREW GADDY, who clied October to, 2017 were letter of JOHN ANDREW GADDY, who clied October to, 2017 were letter of JOHN ANDREW GADDY, who clied October to, 2017 were letter of JOHN ANDREW GADDY, who clied October to, 2017 were letter of JOHN ANDREW GADDY, who clied October to, 2017 were letter of JOHN ANDREW GADDY, who clied October to, 2017 were letter of JOHN ANDREW GADDY, who clied October to, 2017 were letter of JOHN ANDREW GADDY, who clied October to, 2017 were letter of JOHN ANDREW GADDY, who clied to the outsteen of JOHN ANDREW GADDY, who clied to the outsteen of JOHN ANDREW GADDY, who clied to the outsteen of JOHN ANDREW GADDY, who clied to the outsteen of JOHN ANDREW GADDY, who clied to the outsteen of JOHN ANDREW GADDY, who clied to the outsteen of JOHN ANDREW GADDY, who clied to the outsteen of JOHN ANDREW GADDY, who clied to the outsteen of JOHN ANDREW GADDY, who clied to the outsteen of JOHN ANDREW GADDY, who clied to the outste

Don't Breed or Buy



YARD SALE

Friday, March 9th

8 a.m.-???

1201 Dry Hill West, Ripley New and Used. Clothing summer clathing, those ter stuff, and lots of add and ends.

ACCEPTING BIDS

Concord United Methodist Church and Cemetery is accepting bids on grass cutting of the church cometery for 2018. Contact Sandra Dyson at 731-676-0374 for applications. All donations are excepted for the upkeep of the cemetery.

NOTICE

B & L Rental will auction the contents of the fol-lowing storage units Saturday, March 17th, beginning at 8 a.m., at 203 Drake Street and then 9 a.m. at Gales

Units to be Sold:

Alexander, Rosalind B26 & B20

Baltimore, Donnell #9 Dewalt, Gwendolyn R18 Dickerson, Demdre T6 Groer, Lisa B29 ng, Erica C20

Lherault, Larry C5 Baltimare, Donnell #9 Miches Tid Herault, Larry CS Bildesy, Tins F14 McKnight, Christopher A7 Michell, Mary Jane C34/35 Michell, Mary Jane C34/35 Michell, Mary Jane C34/35 Patrick, Monited T2 Debenty, Jonn B9 & B12 Debenty, Jonn Toomes, Antonio C50 Wilder, Deteuria R29 Young, Kowenda F6

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

NOTIFICATION OF INTERNT TO APPLY FOR A CERTIFICATE OF NEED Initia to provide official notice to the Health Services and Development Egency and all interested parties, in accordance with T.C.A. § 58-11-1601 of seq., and the Rules of the Health Services and Development Agency, that Option care Initiation Services, LLC DBA Vandrethtil HC/Diption Care In Marion Services, LLC. On the Rules of the Health Services and Development Agency owned by Option Care Initiation Services, LLC, with and ownership type of Johin Venture and to be managed by Option Care Influcion Services, LLC, with and ownership type of Johin Venture and to be managed by Option Care Influcion Services, LLC, with and ownership type of Johin Venture and to be managed by Option Care Influcion Services, LLC, with and workership type of Johin Venture and to be managed by Option Reader, Combet and Services and Services Services Proughout East and West TN to Include the addition of the following counties: Anderson, Bledson, Blount, Berdey, Curber, Levi Care, Levi Lincoh, Macco, Marahal, Meary, Mortigomery, Moore, Parry, Puthars, Robertson, Rutherlord, Shift, Simmer, Troudder, Warret, Varyne, White, Williams, Order Venture, Putharson, Robertson, Rutherlord, Shift, Simmer, Troudder, Warret, Varyne, White, Williams, Order Venture, Levi Care, Levi

itten request by interested pariles, a local Fact-Finding public hearing shall be co Written requests for hearing should be sent to:

Health Sarvices and Developmental Agency Andrew Jackson Bullding, 8th Floor 502 Deaderick Street Nashville, Tenosces 37243

The published Latter of Intern water contain the following pursuant to T.C.A. § 84.45-1807(1); (A), (A), Any haufit care Institution withing to oppose a Carifficae of Need application multile a written another with the Health Sevices and Development Agency to later than fittine (15) days before the regularly scheduled leath Services and Development Agency metin at which the application is originally scheduled; and (3) Any other prano wishing is apposed to the application was file written adjection with the Health Services and Development Agency metins.

walton's tire

24 Hour Wrecker Service **CONTACT JUSTIN AT**





Astronomial states & tome Country D. section

731-903-5082 • 231 S. Church St., Halls • 731-903-5083

OT CO++CHIJKLMNOPQRSTUVWXYZ

CRYPTO FUN Determine the code to reveal the answer!

Solve the code to discover words related to singing. Each number corresponds to a letter. (Hint: 4 = e)

19 12 13 4 19 7 4

e hear our state 7 19 6 4 3

21 9 3 12 13

WORD SCRAMBLE

Resmange the letters to spell something pertaining to singing

RABHET

ALISWET: Breath

B- 24 812.

I am a comic actor born in New York on March 14, 1948. Although I was issued a scholarship to play baseball in college, I ultimately pursued a career in comedy. I am known for my movies and for hosting the Academy Awards nine times.

Answer: Billy Cityand

WOCAL ABILITY WORD SEARCH

WORDS ACCOMPANIMENT ADDUCTED ALTO ARIA ARPENSIO BALLAD BALLAD BELTING CHEST DIAPHRAGM DICTION

Sparta Expositor

POB 179

Sparta, Tennessee

931-836-3284

Thursday March 8, 2018

To Whom It May Concern

Re: Option Care legal placement

This letter is to advise all parties that Valarie Hancock of Option Care submitted all material for the legal notice that was to run March 8, 2018 in a timely matter. The ad failed to run due to a computer glitch.

The ad will be re-scheduled to run on Monday March 12, 2018.

I have attached a sworn affidavit that what I explained above is true. I will forward all tear sheet and a Proof of Publication to Valarie Hancock of Option Care as soon as the paper is published.

ames R. Shanks

Publisher

Sparta Expositor

931-836-3284-office

931-808-5044-Cell

amelia amy) S. Vinson Commission Expires: 5/25/20

WHEREAS, default has occurred

in the performance of the coreament, term, and conditions of a Deed of Times fore-deaded April 14, 2016 and the Deed of Times fore-deaded April 14, 2016 and the Deed of Times of cent dute sating the amore reorded April 26, 2016, in Book Na, 76, at Plage 1829, in Officer of the Register of Deed of Thay and County, Tennessee, executed by Jeffrey L. Neugler and Fridam M. Naugle, conveying causing propagation of Systems, Inc., a monotine for First Systems, Inc., in the performance of the covenants

Wilste & Associators, P.L.L.C., hering stake; thereae south 410 to the north forest conformation of the control between the control of the co for rale certain property hereinafter. StylDeed Book 71, Page 1275 thence described to the highest bidder FOR North 63 degrees 47 mmutes 02 secrestitied funds poid or the conclusion and Wen 97,72 feet along said right of the sale, or credit bid from a bank of way line, to a 1/2 inch iton rod

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NOTICE OF MEETING

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NOTICE TO CREDITORS

as required by TUA §8142-3188

Cludets (Bobwert Austin, Devenue)

Case Number 2018-9R-43

Noisce is lovely given that on February 28, 2018, Iciters testimentary in rapper of the carties of Chates Februard and the region of the carties of Chates Februard and the Hysword Counce Clumerer; Counc. All persons, resident and invaried councillates, having addition, manured or unmatured, against the remained required to file the same soft the Chates of the dates preached in the remained required to file the same soft the Chates of the dates preached in the content of the date of the chates of the ch

tion (re-continue) in (1) Annual arous the decedent's data of death All persons indebted to the above Easter must come forward an make proper settlement with the undersigned at once.

Sarah Levy, Clerk & Master Haywood Chancery Court Justice Complex 100 S. Duprec Frownsville, TN 38012 ,751) 772-0122

Jimmy F. Austin, Executor James S. Haywood, Jr., Attorney

PURSUANT TO T.C.A. 66-31-105 ENFORCEMENT OF SELF STORAGE **FACILITY LIEN**

Notification is given this date the contents of the following warehouses will be sold to satisfy the owner's lien at Main Street Strenge: 799 East Main Street, Browtswitte. TN 38012. To be sold at 9:00 aum, on March 21, 2018.

330	Vera Cule
343/345	Anthony Cole
360	Sarah Sneed
361	Andrew Douglas
430	Juanue Montgomery
439	Shuronica Bond
506	Monice Madin
507	Tracie Collins
512	Michael Fox
516	Moniea Blue
524	Stephanic Stoan
565	Javion Jones
582	Terrance Huddleson
386	Lawanda Buendia
7U8	Jayme Hafford
709	Dale Loveli
717	Carrol Krueger
718	Jeffrey Snipes
720	Patra Copper

of Voids Lewis 33 of Borth 13s, Pag-Hill, threes South 90 leggers 60 mins-uter 12 secrands West tilt, but feet, alrny, the North line of Lewis to an 174 unch man rad set; threes South 174 degrees 40 minutes 29 seconds West 123,00 feet alway the West line of Lewis to the noist of besignings. Constraints

sake in the North manion of Markton roud, and Inginizing point is man-nared 33 Hert from the centure of soid road, and said beginning point being the Seuthwest current of instact roatery of the Board Books! and wrife to James 'Thurmac Hill by deed of recard in North Head. 114, Page 325. Register's Office of Haywood County, seases: thence with the West line Tenneauer; thenre with the West line of said 1701 trace 135 feet to a stake, thenre West 60 feet to a stoke; thenre in a Southwestudy direction with existing fent a boost 123 feet to a stake in the North margin of said road; thence with the North margin of said road; thence with the North margin of said road;

a Spothcasterly direction about 110 fert to the point of beginning ALSO KNOWN AS, 11195 Jup-

lar Curner Road, Bells, TN 38006
This take is subject to all matters
shorm on any applicable recorded plat; any compaid taxes, any restrictive

cord 3965 No. 914579

dishi an interest in the above-refer payable a provided in said Deed of Encod property.

JEFFREY L-NAUGLE

FELSHIAM, NAUGLE

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UNIN OF THE CUIRTY AND
STATE SET FORTH AROVE, AN part, an option text, and to continue the "Holder", oppointed the unNORTH LINE, THENCE EAST
thin may be applicable; any naturiery
tights of redemption of any governSubmittie Trustee, with all the rights.

1834 FEET TO THE BEGINNING.

BEING THE SAME PROPER-TY CONVEYED TO LAKISHA M TY CONVEYED TO LAKISHA M
JUNES FROM MIEL MARTINEZ
SECRETARY OF HOUSING AND
URBAN DEVELOPMENT OF
WASHINGTON D. C. IN DEED
DATED 6/24/2803 RECORDED 7/14/2003 LN BOOK 256, PAGE 187, HAYWOOD COUNTY, TEN NESSEE

Parcel ID Number: 07510 E 00600

Address/Deneripion: 245 Sunlyn As-eine, Brannwille, TN 98012 Current Ownertis Lakidia M., Jours,

Other Interested Particlesh N/A The sale of the property described above shall be subject to all matters drawn on any recorded plat; any and anomania, exemitina or act-back lines against a surmania, exemitina or act-back lines and more anomania, exemitina or act-back lines against a surmania. that may be upplicable; any prior lient on circumbraniers or right as any bullet ity created by a fixture filling; a deed of trut; and any imiter than an accurate survey of the premises might dirdine; and

All right and equity of redemp-

tion, statutory or otherwise, home helicred to be good, but the under-signed will sell and convey only at Substitute Trustee. The right is re-served to adjourn the day of the tabe to another day, time, and place certain without further publication, upon unnonnecascut in the time and place for

This office is attempting to collect a debt. Any information obtained will be used for that purpose.

e/o Temicisee Forechiure Depart-4360 Chamblee Dunwoody Road, Ste 310 Atlauta, GA 30341

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED This is in produce shields inside to the Petablic Secretors and Development Agency and all internated panels, in one Health Secretors and Development Agency and all internated panels, in one of the Petablic Secretors and Development Agency and all internated panels, in one of the USA To the Control of the USA To the U nideration of the application by the agency

NOTICE TO CREDITORS

NOTICE TO CREDITORS
as required by TLA \$30-2-306

Basse of Johnny Olym Purch, Dereased
Case Namber 2016 19-10.

Notice is hereby given than on Pebennury 28, 2010, letters of
ulministration in ranges of the centre of Johnny Olym Purch,
who ded Johnny 2, 2018 twee bassed to the undevstiped by the
Baywand Commy Chambercey Court. All persons, resident, and
on-crediters, Internoty oftens, mastered or unamouted, against the
content of the properties of the same with the Clark of the above
named Gaster on relieved the active of the dates proventined to
(1) as "20, otherwise their claims will be forever barvet."
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of the state of the date of the first publication
for the date of the first publication
(10) Story of the motion or overfilms, if the residier received the
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in (1)(A); or

23 Twelve (12) months from the decedent's date of druth.
All persons holdsted to the above Estate mint come forward on
mide proper settlement with the andersigned at once.

Samh Levy, Olerk & Moure Sandi Levy, Glerk & Mont Hapwood Girphex 100 S, Dopree Brownwille, TN 38012 (73)) 772-0122

Matt Porch, Administrator Curoline R. Gordon, Austracy

REQUEST FOR **PROPOSALS**

Hrowarville Energy Authority (Donner;
Separate sodiel proposals for the replacement of the
Brownerille Energy Authority SCALD system will be received
by Mr. Regie Castellanc RE, as the office off Bissenwille. Energy
authority 25 Narch Laffeyter Astrone, Deparamille. The 38012
until 2:00 o'clock RM, Alarch 22, 2018
There will be a manufactory Pre-Peroposal moretting
leid at the Dupree Water Trestation! Trant, 1189
South Dupree Aw, Brownarville, TN 30012 at 2:00 p.m.
Maych 13, 2018.
The Information for Proposacy.

The Information for Proposers, Priced Proposal Forms, Scope, and other documents may be examined at the following:

following: J. R. Wanford & Company, Consulting Engineers, Inc., 60 Volunters Boulevard, Jackson, Tennessee 30305

Brisvisville Energy Authority, 23 North Labyette Avenue, Brisvisville, TN 38012

Capters may be obtained at the officer of J.R., Wunford & Campany, Committing Rappineers, tire, located as 60 Voluntees basedward, Juckson, J.P. Widshof, Cantrad Sout Dardel, P.R. on statistigivenstantaness or 731 x 6101-1953.

The names spectrum the right to varve any indistribution of the right of the specific of the specific direction.

Regie Castellan, B.E., General Manager

To file a complaint of discrimination, write; U.S. Equal emphysical Opportunity Gammissian (EEOC); 1801 L Street, N.W. Washington, DC 2050?

INVITATION TO BID

Hardeman County Health Center (FICGHC) 14 now accepting sealed bids on the following:

The proposed parking for should be constructed of Applialt and able to accommodate 40 purking sparry with some Driving room

This parking area will be off of our present drive 629 Nuckolls Rd Bolivar, TN 38000 Phone 731-659-5300 or 731-639-3114 or 73)-212-9608

Bid specifications are available from February 28, 2018 until March 9, 2018 nt 10AM

All hids must be sealed and properly marked,

Questions regarding this project should be directed so Robert Davis, Jr at one of the above numbers

HCCHC reserves the right to refuse any and all hids

The Hard-man Commy Community Health Center is an Equal Opportunity Provider and Employer. To file a complaint of discrimination, write; U.S. Equal employmen Opportunity Communitin (EGOC: 1801 L Suces, X.W. Washington, DC 20507

COUNTY JOURNAL, INC.

DARRELL TEUBNER, OWNER/PUBLISHER PO BOX 438 * 200 E. MARKET ST., STE., B. BOLIVAR, TN 38008 731.658.7328 * FAX 731.658.4320

Darrell Teubner, being sworn, makes oath that he is the publisher of the Bolivar Bulletin Times, a weekly newspaper, published by County Journal, Inc. in Hardeman County, Tennessee.

A (an) Legal Not7Ce			
0			
	A2		
			·
		. 8	
W.		2 6	
Appeared in said newspaper	(consecutive week(s).	
To wit: MARCH 8	2018		
And that a true copy of said notic	e is attached.	82	,
Thisday of _M	Apera	. 2018.	ii.
	all the	MINGER TES TES	
Darrell Teubner, Publisher	MAHAM	STATE OF TENNESSEE NOTARY	
	- 5 <u>- 11</u>	PUBLIC /	
Sworn and subscribed before me:	COMMA	SSION EXPIRES 24 CENT	
This day of			
Notary Public	Del		0 75
My commission expires	1/2022	The cost of this legal is	A7875

LEGALS

SILECTITUTE TRUSTIESSALE
Selts of poble mactors with See at May
3, 2018 of 10,000 ann. local time, or the
west door of the Herichtena County
Countriesse, 100 North Main Street,
Bolivar. Th 18000, pursuant to Deed
of Trust exceeded by James N. Perry
Mallimer Title & Eserow — TN,
as Trustee for Generation Mortgage
Company duted September 21, 2009, of
record in Dead of Trust 682, Page 364,
in the Register's Office for Hardenan
County, Termostee ("Deed of Trust",
combucied by Padget Law Group,
having been appointed Substitute
County Register's Office Default in the
County Register's Office Default in Parformance of the ownerships. SUBSTITUTE TRUSTEE'S SALE

Trustee, all of record in the Hardenian County Register's Office Delivati in the performance of the environment, terms, and conditions of and Dood of Trust has been made, and the entire indebtedness has been declared does not possible. Party cattled to enforce the decit Nationals: HECM Acquisition Trust 2016-0. Will minimize the second cattled to the control of the County of th thence mouth 200 feet with Los # 21; thence west 100 feet with Los # 31 and # 30; thence next 200 feet with Los # 31 and # 30; thence next 200 feet with Los # 31 and # 30; thence next 200 feet with Los # 23 are point of Feetings generating 20000 square feet. PROPERTY IS SUBJECT TO AN EASEMENT IN GRANTOR FOR MAINTENANCE OF UTILLITIES.

Subset Addinase The street whiless of the proposed with the street with the street of the proposed of the proposed with the covent of any disnergance, the legal description better than the covent of any disnergance, the legal description better than the covent of any disnergance, the legal description haven shall control. Mapor Suned Nursica 109 ND 10 to 8.00 Courset owners should be proposed. This is also in additional than the shown on any applicable recorded Plat or Platz, any unputal taxes and assessments as any readificative town stands, consenies to a feet of the proposed of t

Plan; any unpaut lares and assessments, any neutralive coverants, enterments or schools lines that may be applicable, neutral of redemption, equity, stautory or otherwise, not otherwise varied in the Dead of Trast, including rights of redemption of any governmental agency,

rights of redemplient, equity, statutory or otherwise, and otherwise variety in the Doud of Triast, and any and all possible of redemplient of any governmental acrosy, state or federal, and any and all possible or redemplient of any and all possible or redemplient of the possible of th

This property is being sold with the express reservation that the sale is subject to confirmation by the lender or mustor. This sale may be rescinded by the Substitute Trustee at any time.

THIS IS AN ATTEMPT TO COILLECT A DEBT, AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE. Padgett Law Group, Substitute

County, Tenneskoe, coccuried by Tissey, Lones and Shirley W. James. H. conveying: certain property therein docarticule John C. Cark as Trastoc for Mortgage Electronic Registration Systems, Inc., as normance for Prof. State Bark, it is successors and usinger, and the undersingent, Wilsten & Association, P.L.L.C., having been appointed State Bark, it is successors and usinger, and successors Trastec by Bribergua Chate Bark, National Association, P.L.L.C., as Wester and State States, National Association, NOW. THEEREORE, notice is heaving spice that the cardior indebndresh as hearn declared the end puysible and that on agent of Wilson & Association, P.L.L.C., as Wester due to the cardior indebndresh in heart of the province flow, and authority rescold in an amplitude of the province flow, and authority rescold in an amplitude of the province flow, and authority rescolding the province of the province flow, and authority rescaled the province of the province flower of the province of the provinc

Hardenson County Courthwest, Bollium; Tensorso, offer for selectating supersy hereinstifter described to the Bollium; Tensorso, offer for selectating supersy hereinstifter described from a faunce or other learning entity prosperiors by the successor truster. The date is the form a faunce or other learning entity prosperiors by when all computants, which are supersistly wewed in the Double IT trust, and property being real catales thesated in Hardenson County, Tensorson, and being more particularly described as follows:

TRACT NO. 1: Beginning at point in the section of the Section of

of Bo Bodforti 3.34 acre tract; there can (1) south with Bodford a distance of 32.444 feet; thence (2) wast a distance of 134.28 feet, thence (3) north a distance of 338.55 feet to the south time of McNeedy Road; thence (4) south 84 degrees east with the south line of McNeedy Road; distance of 135 feet to the the bedfore contributes of 135 feet.

94 degrees east with the sould line of McNecky Road, a fistures of 135 feet to the beginning, containing 1,00 acre.
ALSO KNOWN & S. 770 Winnood Furns Loop, Middleon, TN 3865.
This sale is subject to all neutres aboven on any applicable recentled to the property of the sale is subject to all neutres aboven on any applicable any student or subject to all neutres aboven on any applicable can synthetic convensats, cusements, or sethed history with a forderspicen of any pocuremental or start may be applicable; any student with a first many be applicable; any student with a first many be applicable; and the sale start of selection of a security student of a security students of a security students of the promise majeth disclosur, in oddfision, the above-criticanced property.
TRACY L, JONES SHIRELY W, JONES SHIRELY W,

DATED February 26, 2018
WILSON & ASSOCIATES, NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

P.L.I. C. Successor Trustee

BULLIANDE BASE

P.L.L.C., Successor Truster

NOTICE OF TRUSTER'S SALE
WHEREAS, default has occurred in
the performance of the overenois, terms,
and conditions of a Deed of Trust Note
dated Apell 3, 2007, and the Deed of Trust
of even dies executing the same, recorded
Apell 30, 2007, in Book No. 655, all Page
59, in Office of the Register of Deeds for
John Committee of the Register of Deeds for
Truster of the Person of Deeds for the
Apell 30, 2007, in Book No. 655, all Page
59, in Office of the Register of Deeds for
John Committee of the Register of Deeds for
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62, in Committee of Deeds for
63, in Committee of Deeds for
64, Associates, P.L.L.C., having been
64, Associates, P.L.L.C., having been
64, associates, Trustee by Midfirist
Bank.

NOW, THEREFORE, notice is NOW, THEREFORE, notice is hardy given that the entire wedderbane has been declared during the problem and here declared during agent of Wilson & Associatas. P.L.C., as Soccosor Traines, by written of the power, day, and surfacely vested in and imposed upon said Successive Trustee, by Middlerist Bank, Willow and Middlerist Bank, Willow and Middlerist Bank, Wilson May 3, 2018 on or shoot 100 PM, stee Hurdenna County Courthouse, Deliver, Trustees, offer for side certain research hereinfalled described to "mourest" hereinfalled described to

they a John on the control of the control of the Hunderman County Coun 47 minutes East, a distance or 178.20 feet to us nino pios in the notthwestern margin of a Road that leads to the Lake Leve, thence along the northwestern margin of salt Road. Smith 46 degrees and 13 minutes Wed, a distance of 124 feet to an itnn pin, theree South 53 degrees and 53 minutes Wed, a distance on 47.65 feet to be beginning and containing 63 minutes Wed, and the same of 47.65 feet to be beginning and containing 63 minutes Wed, and the same of least same view of the same of the same

Tennessee Cerl No 226, Juskaon, Tennessee ALSO KNOWN AS: 185 Luke Vonda Way, Middleon, TN 30522
This sale is subject to all multers shown on any applicable recorded plate, any ampaid taxes, any restrictive everywants, assuments, or sethesch lines that may be applicable; any statutory rights of redemption of any gwernmental agency, date or focient, any pefor benty records and the second of the second plate of the second pla

the above-referenced property.

MARTHAR WILKES
HEIRS/OF MARTHAR WILKES
HEIRS/OF MARTHAR WILKES
The sale held pursuant to this Notice
may be reached at the Successor
Trusted's option at my time. The right
is reserved to adjourn the day of the
sale to another day, time, and place
certain, without further publication,
upon amountscentent at the time and
place of the sale will be proposed to the sale to a proper day

more another day, the time of the sale will be
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JACKED February 21, 2018

DATED February 21, 2018 WILSON & ASSUCIATES, PLLL.C.,

NOTICE TO BIDDERS

The Hardeman County Highway Department is requesting sealed bids on a new, complete office computer system including a network server and desktop computers.

The bids are to be malled or hand delivered to the office of the Hardeman County Mayor, 3rd Floor of Hardeman County Courthouse, 100 North Main Street Bollvar, Tennessee; on or before March 13, 2018 at 10 a.m., at which time said bids will be publicly opened at the Hardeman County Courthouse, PLEASE MARK ON THE OUTSIDE OF THE ENVELOPE "HIGHWAY DEPARTMENT COMPUTER SYSTEM" AND THE DATE OF THE BID OPENING. The right to reject any and all blds is hereby

Specifications are available at the Highway Department, 401 Fairgrounds Street, Bolivar, Tennessee 38008 or by calling 731-658-5102.

INVITATION TO BID

Hardeman County Health Center (HCCHC) is now accepting scaled bids on the following:

Construction of a Parking Lot

The proposed parking lot should be constructed of Asphalt and able to accommodate 40 parking spaces with some

Driving room

This parking area will be off of our present driveway entrance

629 Nuckolls Rd Boliver, TN 38008 Phone 731-658-3388 or 731-659-3114 or 731-212-9608

Bid specifications are available from February 23, 2018 until March 9, 2018 at 10AM

All bids must be scaled and properly marked.

Questions regarding this project should be directed to Robert Davis, Ir at one of the above numbers

HCCHC reserves the right to refuse any and all bids

The Hardeman County Community Health Center is an Equal Opportunity Provider and Employer.

To file a complaint of discrimination, write: U.S. Equal employment Opportunity Commission (EEOC); 1801 L Street, N.W. Washington, DC 20507

EDNA'S PAGE ANSWERS FROM A6

BIBLE TRIVIA

ANSWERS: 11 Old; 2) H; 3) Revelation; 4) On donkey; 5) Isuiah; 6) Brother

FLASH BACK

1. Eddie Rabbit, in 1978. It was on the soundtrack of the film of the same name, starring Clint Eastwood. Eastwood played a trucker with a pot

urangulan named Clyde.

2. Air Supply, The song went to No.
2 in the U.S. but reached only No. 9 in

2 in the U.S. but reached only NO. 9 in their nutive Australia. 3. The George Baker Selection, in 1975, It appeared on Billboard's Easy Listening and Hot 100 charts and has been translated into versions all over the world.

need translation into versions at over the world.

4. Ellion John. in 1971.

5. "Wake Me Up Before You Go-Go," by Whant! in 1944. Song-writer George Michael says the idea for the song cance to him when Andrew Ridgelcy the other half of Wlanth] left a "wuke me up" note for his parents. He'd inadvertently pensed in an additional" "go" in the sentence. It become the tong 's title.

Go Figure!

answers

SPORTS QUIZ

Answers

Aniswers

I. It was 1918, when Buston's Babe
Ruth shut out the Cubs in the first
game of the World Series.

2. Seven times (1937, '38, '39, '40,
'41, '46 and '48). orid Series. es (1937, '38, '39, '40,

'41, '46 and '48),
3, Michigan, in 1902.
4, Nute Thurmond, for Chicago
in 1974 (22 points, 14 rebonnds, 13
assass, 12 blocked shots).
5, In 1971, Cy Demeny, Jine Malune
and Reg Noble all did li,
6, Twenty-bree

6, Twenty-three, 7, Archie Moore, in 1955,

TRIVIA TEST

1. Maybelline Ceawcetten
 "My Heart Will Go On"
 2,000

4. 2,000 5. Thyroid 6. "Harry Potter and the Order of the Phoenix" 7. Hercides 8. 180 degrees 9. "The Orateful Dead" (1967)

10. Tony Robbin

Weekly SUDOKU -

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1	3	5	7	9	2	4	6	8

Super Crossword -

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G	H	E	N	7	ж	i.	E	A	R	N	933	T	R	u	C	U	E	E	N	1

This is to provide official notice to the Health Services and Development Agency and all interested parties, in eccordance with T.C.A. § 88-11-1501 et seq., and the Rules of the Health Services and Development Agency, that Track Translation Court Vacant Institute of the Construction St., St. 21. Immed. St. 2012. owned by: Option Care Infusion Services, LLC, with an ownership type of Joint Venture and to be managed by: Oplion Care infusion Services, LLC intends to fin an application for a Certificate of Need for (PROJECT DESCRIPTION BEGINS HERE); 🌁 Press, Perry, Server, Server, Server, Committee Committee Bedlard, Committee Company, Company, Colors, Davidson, Dakata, Dickson, Frenkin, Ottos, Garage. Warmri, Wayne, White, Williamson, Wilson. Estimated project cost is \$15,000.00. The anticipated data of filing the application is: March 9th , 20 18 The contact person for this project is Julie Koenig Senior VP-Operations who may be reached at: Option Care Infusion Services, LLC 624 Grassmere Perk Dr. Ste 22 | (Address) (Address) | (Addre Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency Andrew Jackson Building, 9th Floor 502 Deadorlok Street Neshville, Tennesses 37243

The published Letter of Intent must certain the following statement pursuant to T.C.A. § 68-11-18071c(t1). (A) health care institution wishing to oppose a Certificate of Need application must fill a written notice with Health Services and Development Agency no later than filters (15) days before the regularly scheduled in Services and Development Agency meeting at which the application is originally achieved (15) Any or owners within the Agency in annihilation must life written obserted with the Health Services and Development Agency in annihilation must life written obserted with the Health Services and Development. uent to T.C.A. § 68-11-1607(c)(1). (A) Any

PROJECT COMPLETION FORECAST CHART

Assuming the Certificate of Need (CON) approval becomes the final HSDA action on the date listed in Item 1. Below, indicate the number of days from the HSDA decision date to each phase of the completion forecast. NA

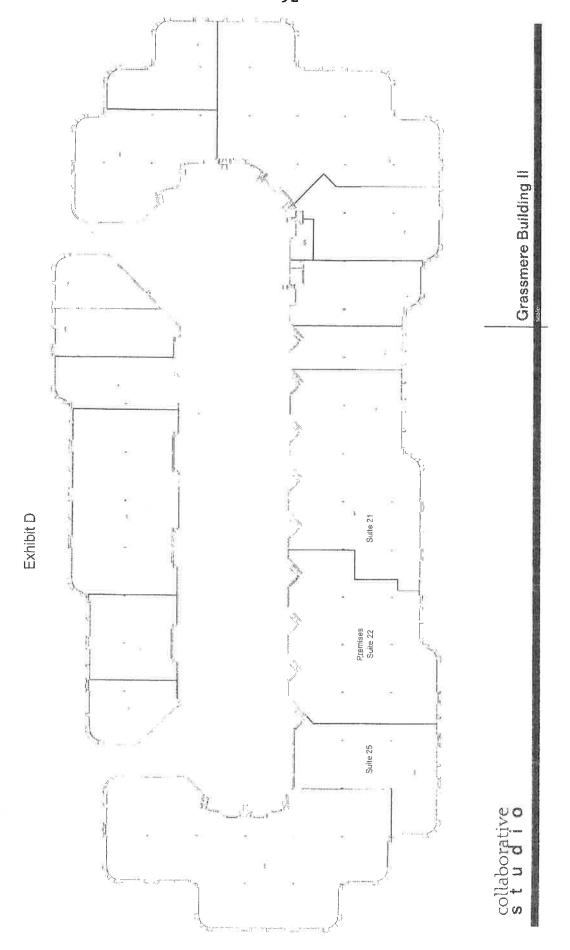
<u>Phase</u>	<u>Days</u> <u>Required</u>	Anticipated Date [Month/Year]
Initial HSDA decision date		
Architectural and engineering contract signed	1	£
Construction documents approved by the Tennessee Department of Health		
Construction contract signed		
5. Building permit secured		
6. Site preparation completed		
7. Building construction commenced		
8. Construction 40% complete		
9. Construction 80% complete		
10. Construction 100% complete (approved for occupancy		
11. *Issuance of License		July 2018
12. *Issuance of Service		August 2018
13. Final Architectural Certification of Payment		
14. Final Project Report Form submitted (Form HR0055)		e £

^{*}For projects that <u>DO NOT</u> involve construction or renovation, complete Items 11 & 12 only.

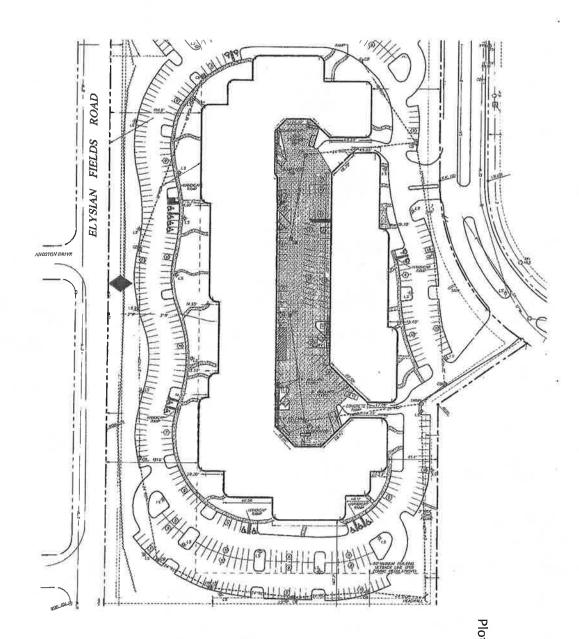
NOTE: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date

AFFIDAVIT

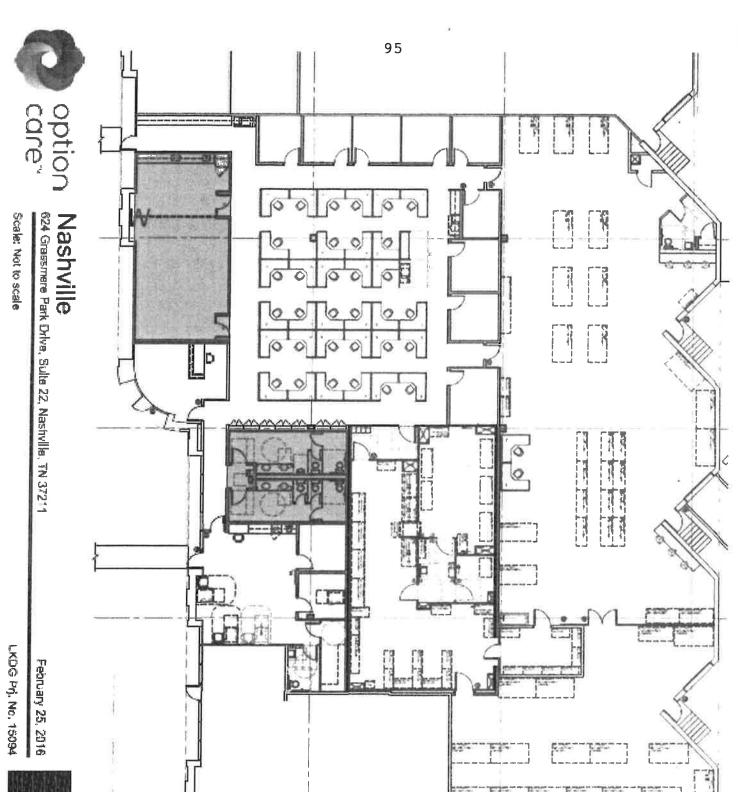
STATE OF <u>ILLINOIS</u>	•)
COUNTY OF LAKE	
	, being first duly sworn, says that he/she is the
	lawful agent, that this project will be completed in
	cant has read the directions to this application, the
	Agency, and T.C.A. §68-11-1601, et seq., and that
	er questions deemed appropriate by the Health
Services and Development Agency are true and	SIGNATURE/THILE
Sworn to and subscribed before me thisda	ay of March, 2018 a Notary
Public in and for the County/State of	15
	Sandra Smeyal NOTARY PUBLIC
My commission expires, (Month/Day)	"Official Seal" (Year) SANDRA SNEYD Notary Public, State of Illinols My Commission Expires 9/13/20







Plot Size = 13.34+/- Acres



Warehouse Areas

Infusion Pharmacy Areas

Home Health Patient Care Areas

Community Areas

ATTACHMENT: SECTION B. NEED: A-4

2/26/18

Dr. Mohammad Hussain, MD

Neurology

NPI: 1699773747

License: MD0000028620

Chad,

Based on our conversation last week and questions in regard to the need for increased HHC availability for East Tn., I spoke with Dr. Hussain and this is what we have determined:

Qualified nursing for our IVIG patients is increasingly difficult, if not impossible to find. Local HHC companies are understaffed and the staff they do have do not want to provide the services that we require. There are HHC agencies that have nurses, but they are unavailable to sit in the patient's homes for 5 hours. Compounded by the fact that our patients live in very rural areas, there are not a lot of HHC agencies that even cover those areas.

We have had patients go untreated secondary to the unavailability of qualified nurses in this area. This is very disheartening to us. These patients are in pain, and their quality of life is vastly diminished without this treatment.

Dr. Hussain and I agree that if we could depend on having qualified nursing available in East Tn., our ability to provide great patient care in the home would help our patients tremendously.

I hope that our input in Option Care's endeavor to obtaining the licensure to provide nursing will help speed this process along. We need the help.

Sincerely,

Jenna Helton, CCMA

Neurology

To whom it concerns:

Vanderbilt's Department of Neurology patient population is wide and varied in regard to where they reside and with the diagnoses they present. Our patients require a very high skilled nursing component to safely and effectively administer mediations in the home.

Vanderbilt is one of the leading subscribers of Radicava, for ALS patients, in the country.

In rural areas of Tennessee and Kentucky we have found that obtaining the level of care our patients require is difficult and oftentimes unable to be procured, secondary to the staffing concerns of the home healthcare companies in those areas.

Having the ability to rely on consistent continuums of care in the home would be a great asset to our plan of care going forward.

alen, RN Case Minagle

Thank you,

Robin Yawn, RN

Vanderbilt Department of Neurology



To whom it may concern:

We depend on highly skilled nursing to administer our infusible medications in the home. In rural areas of Tennessee and Kentucky we have found that obtaining the level of care our patients require is difficult and sometimes impossible to staff thus affecting the level of care these patients require.

We understand the importance of a nursing staff that is supervised and trained to administer the medications we prescribe. Home health agencies, for some reason, either don't want to sit in the patient's home for 5-6 hours, or they don't feel they have the qualified staff to be safe in the patient's home. We have tried numerous home healthcare agencies both national and regional except and this seems to be the trend.

Granting Option Care the ability to staff nurses in Tennessee would help us in our practice to ensure available and safe patient care going forward.

Thank you.

Susan Bracey FNP, MSN, BSN

wom brace MSN MAN FAIRC

Affiliated Neurology

NPI: 1871692608 License: APN743

Neurology

To whom it concerns:

Vanderbilt's Department of Neurology patient population is wide and varied in regard to where they reside and with the diagnoses they present. Our patients require a very high skilled nursing component to safely and effectively administer mediations in the home.

Vanderbilt is one of the leading subscribers of Radicava, for ALS patients, in the country.

In rural areas of Tennessee and Kentucky we have found that obtaining the level of care our patients require is difficult and oftentimes unable to be procured, secondary to the staffing concerns of the home healthcare companies in those areas.

Having the ability to rely on home healthcare's ability to consistently and effectively treat our patients in the home would be a great asset to our plan of care going forward.

Thank you,

Amanda Peltier, MD Associate Professor of Neurology

Vanderbilt Department of Neurology

NPI: 1093802126 License: MD39693

tel 615.322.7246 fax 615.936.7147

ATTACHMENT: SECTION B. NEED: A-5

Home Health Agencies within 28 propsed	service areas
Facility Name	County
Clinch River Home Health	Anderson
Professional Case Management of Tennessee	Anderson
The Home Option By Harden Health Care	Anderson
Total # of residents served	1966
Blount Memorial Hospital Home Health Services	Blount
Total # of residents served	2211
Family Home Care, Cleveland	Bradley
Home Health Care of East Tennessee, Inc.	<u>Bradley</u>
Total # of residents served	2396
NHC Homecare	Fayette
Where The Heart Is, Inc.	<u>Fayette</u>
Total # of residents served	768
NHC Homecare	Hamilton
Guardian Home Care, LLC	Hamilton
Gentiva Health Services	Hamilton
Amedisys Home Health	Hamilton
Continucare Healthservices, Inc I	Hamilton
CHI Memorial Hospital Home Health	Hamilton
Tennessee Home Health	Hamilton
Home Care Solutions	Hamilton
Continucare Healthservices, Inc II	Hamilton
Optum Womens and Childrens Health, LLC	Hamilton
Maxim Healthcare Services	Hamilton
Total # of residents served	5051
Deaconess Homecare	Hardin
HMC Home Health, LLC	Hardin
Total # of residents served	1133
CareAll Homecare Services	Haywood
Total # of residents served	524
NHC Homecare	Knox
Sindred at Home	Knox
Camellia Home Health of East Tennessee, LLC	Knox
Tennova Healthcare Home Health	Knox
Jniversity of TN Medical Center Home Care	Tallox
Services - Home Health	Knox
Amedisys Home Health Care	Knox
East Tennessee Childrens Hospital Home Health Care	Knox
CareAll Home Care Services	Knox
Covenant Homecare	Knox
Maxim Healthcare Services, Inc.	Кпох
	,
Coram CVS Specialty Infusion Services	Knox

Home Health Agencies within 28 proposed	service area
Facility Name	County
NHC Homecare	McMinn
Total # of residents served	85
Intrepid USA Healthcare Services	Monroe
Sweetwater Hospital Home Health	Monroe
Total # of residents served	130
Meritan, Inc.	Shelby
Quality Home Health Services	Shelby
Amedisys Home Care	Shelby
Family Home Health Agency	Shelby
Intrepid USA Healthcare Services	Shelby
Willowbrook Visiting Nurse Association, Inc.	Shelby
Amedisys Home Health Care	Shelby
Americare Home Health Agency, Inc.	Shelby
Baptist Trinity Home Care	Shelby
Methodist Alliance Home Care	Shelby
Homechoice Health Services	Shelby
Amedisys Home Health	Shelby
Baptist Trinity Home Care - Private Pay Division	Shelby
Accredo Health Group, Inc.	Shelby
Optum Womens and Childrens Health	Shelby
Home Health Care of West Tennessee, Inc.	Shelby
Functional Independence Home Care, Inc.	Shelby
No Place Like Home, Inc.	Shelby
Still Waters Home Health Agency	Shelby
Maxim Healthcare Services	Shelby
Best Nurses, Inc.	Shelby
Coram CVS/Speciality Infusion Service	Shelby
	Shelby
Total # of residents served	16,64

	A	В	105 C	D	E
1			Infusion Therapy		
2	Facility Name	County	Charge Per Vist - Direct & Indirect	Average Charge Per Visit	Average Charge Per Hour
3	Clinch River Home Health	Anderson			
4	Professional Case Management of Tennessee	Anderson			
5	The Home Option By Harden Health Care	Anderson			
6	Blount Memorial Hospital Home Health Services	Blount	0		
7	Family Home Care, Cleveland	Bradley			
8	Home Health Care of East Tennessee, Inc.	Bradley			
9	NHC Homecare	Fayette			V
10	Where The Heart Is, Inc.	Fayette	0	0	0
11	NHC Homecare	Hamilton			
12	Guardian Home Care, LLC	Hamilton			
13	Gentiva Health Services	Hamilton			
14	Amedisys Home Health	Hamilton			
15	Continucare Healthservices, Inc I	Hamilton	0	0	0
16	CHI Memorial Hospital Home Health	Hamilton			
17	Tennessee Home Health	Hamilton			
18	Home Care Solutions	Hamilton	0		
19	Continucare Healthservices, Inc II	Hamilton			
20	Optum Womens and Childrens Health, LLC	Hamilton			
21	Maxim Healthcare Services	Hamilton		120	30
22	HMC Home Health, LLC	Hardin	0		
23	CareAll Homecare Services	Haywood			
24	NHC Homecare	Knox			
25	Kindred at Home	Knox			
	Camellia Home Health of East Tennessee, LLC	Knox			
27	Tennova Healthcare Home Health	Knox	0		
	University of TN Medical Center Home Care Services - Home Health	Knox	0		
29	Amedisys Home Health Care	Knox			
	East Tennessee Childrens Hospital Home Health Care	Knox	0		
	CareAll Home Care Services	Knox			
32	Covenant Homecare	Knox			
33	Maxim Healthcare Services, Inc.	Knox			
_	Coram CVS Specialty Infusion Services	Knox			
	NHC Homecare	McMinn			
	Intrepid USA Healthcare Services	Monroe			
_	Sweetwater Hospital Home Health	Monroe			
_	Meritan, Inc.	Shelby			
39	Quality Home Health Services	Shelby			

	Α	В	10C C	D	E
40		Marie S	Infusion Therapy		
41	Facility Name	County	Charge Per Vist - Direct & Indirect	Average Charge Per Visit	Average Charge Per Hou
42	Amedisys Home Care	Shelby			
43	Family Home Health Agency	Shelby			
44	Intrepid USA Healthcare Services	Shelby			
45	Willowbrook Visiting Nurse Association, Inc.	Shelby	0		
46	Amedisys Home Health Care	Shelby			
47	Americare Home Health Agency, Inc.	Shelby	0		
48	Baptist Trinity Home Care	Shelby			
49	Methodist Alliance Home Care	Shelby			
50	Homechoice Health Services	Shelby	0	0	0
51	Amedisys Home Health	Shelby			
52	Baptist Trinity Home Care - Private Pay Division	Shelby			
53	Accredo Health Group, Inc.	Shelby	0	0	75
54	Optum Womens and Childrens Health	Shelby			
55	Home Health Care of West Tennessee, Inc.	Shelby			
56	Functional Independence Home Care, Inc.	Shelby			
57	No Place Like Home, Inc.	Shelby	0	0	0
58	Still Waters Home Health Agency	Shelby	110		
59	Maxim Healthcare Services	Shelby		0	0
60	Best Nurses, Inc.	Shelby			
	Coram CVS/Speciality Infusion Service	Shelby			
- 14	Hemophilia Preferred Care of Memphis, Inc.	Shelby	0		
63					

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)are	TennCare = So % os To % as % of Total Population		23.2%	16.8%	21.2%	20.4%	15.3%	18.7%	25.6%	27.6%	30.1%	22.4%	16.6%	27.0%	17.1%	23.5%	26.7%	23.7%	26.2%	24.0%	19.8%	23.6%	26.6%	21.0%	23.8%	20.6%	26.3%	19.7%	24.5%	21.9%	21.3%
TennCare	TennCare Enrollees		3.099	22,686	22,637	12,851	7,002	67,257	066'9	7,341	5,527	12,625	78,560	7,780	9,416	12,861	7,307	7,031	3,222	11,649	4,673	4,147	9,108	11,715	3,834	21,173	254,065	13,427	1,387	645,742	1,463,403
	Person Below Poverty Level as % of Total	1	23.7	13.6	18.4	16	15	14.8	23.7	22.2	21	15.2	16.2	24.7	13.5	19.5	23.1	19.2	18.8	19.2	23.6	17.8	22.9	16.2	16.1	15.3	21.4	13.8	19.1	18.2	17.2
he Census	Person Below Poverty Level	13,420	3,160	18,344	19,614	10,056	6,844	53,181	6,467	5,909	3,853	8,574	76,476	7,113	7,451	10,683	6,315	5,693	2,310	9,314	5,576	3,122	7,846	9,042	2,596	15,759	206,468	9,418	1,081	535,684	1,184,468
Bureau of the Census	Median Household Income	44,241	38,535	49,532	43,721	40,123	55,972	49,434	33,566	37,244	35,094	43,673	50,366	32,353	52,995	38,661	31,956	41,477	35,209	37,054	39,728	41,520	38,355	42,299	46,541	42,586	46,854	54,650	42,813	42,377	46,574
	əgA nsibəM	2	43 \$	43 \$	39	20 \$	44	39	40 \$	45 \$	_	43 \$	\vdash	38	47 \$	43 \$	43 \$	-	44	-	-	45 \$	40 \$	46 \$	-	-		37 \$	46 \$	-	39
	Target Population Projected Year as % of Total	77.4%	77.6%	77.4%	81.0%	64.0%	%0.97	80.6%	80.7%	74.4%	79.3%	76.6%	83.1%	84.0%	68.3%	%2'92	76.7%	75.8%	73.8%	74.5%	80.7%	76.4%	78.0%	73.4%	76.3%	78.0%	85.8%	84.1%	71.4%	81.1%	81.7%
Sec.	Target Population- % Change	%6.0-	-0.8%	1.8%	1.8%	0.9%	3.1%	1.2%	-2.3%	-2.5%	-5.5%	1.5%	2.8%	0.1%	2.0%	-0.8%	-0.7%	-2.0%	-1.9%	0.4%	1.3%	%9:0-	1.0%	-2.7%	2.9%	4.0%	0.2%	3.4%	4.1%	1.0%	2.1%
/Health Statistics	Target Population- Projected Year	61,415	10,543	109,456	89,708	ш	- 1	, ,	22,002			45,183	410,428	24,623	40,159	42,986	21,390	22,955	9,305	37,782	19,765	13,666	27,709	41,611	13,124	86,021	845,184	999'09	4,105	2,473,818	5,873,555
	Target Population- Current Year	61,965	10,624	107,558	88,142	42,156	36,358	296,161	22,515	20,485	15,135	44,532	399,206	24,591	39,384	43,343	21,539	23,421	9,489	37,622	19,507	13,750	27,434	42,745	12,754	82,676	843,730	58,675	8		4.4% 5,752,719
Department of Health	Total Population- % Change	1.8%	2.0%	4.8%	3.9%	2.7%	8.1%	3.4%	%0.0	0.8%	-1.6%	4.6%	4.7%	1.7%	6.5%	2.3%	2.1%	2.1%	2.7%	4.5%	3.7%	2.1%	3.7%	1.5%	6.7%	7.1%	2.1%	2.7%	1.5%	3.5%	4.4%
De	Total Population- Projected Year	79,397	13,594	141,326	110,730	66,447	49,321	371,713	27,274	26,824	18,048	59,005	494,035	29,300	58,798	56,019	27,898	30,277	12,614	50,698	24,498	17,899	35,529	56,678	17,206	110,270	985,379	72,169	5,746	3,048,692	7,188,358
	Total Population- Current Year	78,026	13,333	134,882	106,600	62,847	45,626	359,331	27,287	26,618	18,348	56,406	472,075	28,799	55,192	54,783	27,337	29,649	12,285	48,511	23,626	17,538	34,262	55,813	16,125	102,998	964,804	68,247	5,661	2,947,009 3,048,692	6,886,441 7,188,358
Demographic Variable/ Geographic Area			Bledsoe	Blount	Bradley	Cumberland	Fayette	Hamilton	Hardeman	Hardin	Haywood	Jefferson	Knox	Lauderdale	Loudon	McMinn	McNairy	Marion	Meigs	Monroe	Morgan	Polk	Khea	Roane	Sequatchie	Sevier	Shelby	lipton		<u>_</u>	State of I'N I otal

This reflects Calendar Year January - December

		O		ç		ùa '>	
a. Paid to Affiliates b. Paid to Non-Affiliates 6. Other Operating Expenses Total Operating Expenses	4. Rent a. Paid to Affiliates b. Paid to Non-Affiliates 5. Management Fees:	D. Operating Expenses 1. Salaries and Wages a. Direct Patient Care b. Non-Patient Care 2. Physician's Salaries and Wages 3. Supplies	NET OPERATING REVENUE	1. Contractual Adjustments 2. Provisions for Charity Care 3. Provisions for Bad Debt		A. Utilization Data (Specify unit of measure, e.g., 1000 patient days, 500 visits)B. Revenue from services to Patients	PROJECTED DATA CHART
Expenses \$		*	40	\$ Total DeductionS \$	\$ Revenue \$	s)	
154,864 875,328 13,893,963	174,328	1,401,853 1,564,229 N/A	15,263,566	52,641,678 - 777,779 53,419,457	N/A N/A 68,683,023 68,683,023	1,257	Total Facility
180,000 - 1,287,136 19,570,035	208,644	2,008,823 1,796,629 N/A	21,129,846	74,544,913 1,101,907 75,646,820	N/A N/A 96,776,666 96,776,666	1,308	Total Facility
443,115 - 626,145 22,394,208	409,335	2,450,296 2,413,901 N/A	23,176,648	89,754,092 - 2,085,053 91,839,145	N/A N/A 115,015,792 115,015,792	2016 1,733	Total Facility

FREE CASH FLO	111		G. Other Deductions1. Estimated Annual Principal Debt Repayment2. Annual Capital Expenditure	Net Income (Loss)	F. Non-Operating Expenses1. Taxes2. Depreciation3. Interest4. Other Non-Operating Expenses	E. Earnings Before Interest, Taxes and Depreciation
FREE CASH FLOW (Net Balance + Depreciation) \$	Depreciation \$	Net Balance \$	Total Other Deductions \$	€9.	Total Non-Operating Expenses \$	ion \$
1,368,503	61,345	1,307,157	t t SE	1,307,157	61,345 1,100 62,445	1,369,602
1,404,830	30,135	1,374,695	105,063 105,063	1,479,758	50,000 30,135 (82) 80,053	1,559,811
(1,301,025)	263,785	(1,564,810)	2,002,064 2,002,064	437,254	80,000 263,785 1,401 345,186	782,440

PROJECTED DATA CHART-OTHER EXPENSES OTHER EXPENSES CATEGORIES

OTHER EXPENSES CATEGORIES				
Professional Services Contract		19,978	381,194	59,474
2. Contract Labor		272,066	267,575	111,308
3. Imaging Interpretation Fees		ï	1	ą
4. Other Expenses		583,284	638,367	455,363
Ò				
<u>o</u>				
7.				
Total Other Expenses	49	875,328	1,287,136	626,145
Check		35	(*)	•
Summary Statistics				
Revenue Growth %	11	N/A	38.6%	13.6%
Gross Margin %		30.6%	27.6%	26.8%
Supplies %		60.6%	63.4%	63.5%
Opex %		10.8%	9.0%	11.2%
Direct Labor %		8.7%	9.0%	9.7%
Indirect Labor %		9.8%	8.1%	9.6%
Other Opex %		5.5%	5.8%	2.5%
Bad Debt %		4.8%	5.0%	8.3%
EBITDA Margin %		9.5%	7.8%	4.9%

This reflects Calendar Year January - December

6. Other Operating Expenses	o. Iwaliagement rees. a. Paid to Affiliates b Paid to Non-Affiliates	a. Paid to Affiliates b. Paid to Non-Affiliates	3. Supplies 4. Rent	b. Non-Patient Care2. Physician's Salaries and Wages		TNET OPERATING REVENUE	3. Provisions for Bad Debt	C. Deductions from Gross Operating Revenue 1. Contractual Adjustments 3. Brovisions for Charity Corn	Outpatient Services Emergency Services Other Operating Revenue (Specify) <u>Infusion Services</u> G	B. Revenue from services to Patients 1. Inpatient Services	A. Utilization Data (Specify unit of measure, e.g., 1000 patient days, 500 visits)	PROJECTED DATA CHART
Total Operating Expenses \$						ક્ક	Total DeductionS \$	€	ड Gross Operating Revenue \$	↔	ıt days, 500 visits)	
586,745 24,823,618	984,467	496,715	17,916,980	2,177,616 N/A	2.661.094	26,291,212	1,513,538 95,977,104	94,463,566	N/A 122,268,316 122,268,316	N/A	2017 2,284	Total Facility
668,995 22,965,229	1,017,729	506,805	16,118,555	2,411,382 N/A	2 241 761	27,134,440	582,046 582,046		N/A 27,716,486 27,716,486	N/A	2018 BUD 2,627	Total Facility
660,195 24,649,674	984,467	506,805	17,641,253	2,142,406 N/A	2 714 547	28,731,417	616,302 616,302		N/A 29,347,719 29,347,719	N/A	2019 Proj 2,863	Total Facility

					:	u iu
FREE	114	•	 Other Deductions Estimated Annual Principal Debt Rep Annual Capital Expenditure 	Net Income (Loss)		
CASH FLOW (Net Balance + Depreciation) \$	Depreciation \$	Net Balance \$	ayment Total Other Deductions \$	€9	Total Non-Operating Expenses \$	Depreciation \$
		*				
1,472,140	361,099	1,111,041	ŗ	1,111,041	361,099 - (4,545) 356,554	1,467,594
4,169,211	516,233	3,652,978	II.	3,652,978	516,233 516,233	4,169,211
4,086,289	465,882	3,620,407	2 8	3,620,407	465,882 (4,545) 461,337	4,081,743
	4,169,211	Depreciation \$ 361,099 516,233 FREE CASH FLOW (Net Balance + Depreciation) \$ 1,472,140 4,169,211 4	1,111,041 3,652,978 361,099 516,233 1,472,140 4,169,211	ther Deductions Estimated Annual Principal Debt Repayment Total Other Deductions \$ Net Balance \$ 1,111,041 3,652,978 Depreciation \$ 361,099 516,233 FREE CASH FLOW (Net Balance + Depreciation) \$ 1,472,140 4,169,211	\$ 1,111,041 3,652,978 ual Principal Debt Repayment Expenditure Total Other Deductions \$ 1,111,041 3,652,978 Net Balance \$ 1,111,041 3,652,978 Depreciation \$ 361,099 516,233 FREE CASH FLOW (Net Balance + Depreciation) \$ 1,472,140 4,169,211	1. Taxes 2. Depreciation 3. Interest 4. Other Non-Operating Expenses Total Non-Operating Expenses 5. Total Non-Operating Expenses Total Non-Operating Expenses 1. Taxes 4. Other Non-Operating Expenses Total Non-Operating Expenses 5. September 1. 1.11,041 5. Annual Capital Expenditure Total Other Deductions 1. Estimated Annual Principal Debt Repayment 2. Annual Capital Expenditure Total Other Deductions Net Balance \$ 1,111,041 3,652,978 Depreciation \$ 361,099 516,233 FREE CASH FLOW (Net Balance + Depreciation) \$ 1,472,140 4,169,211

PROJECTED DATA CHART-OTHER EXPENSES OTHER EXPENSES CATEGORIES

	57.284	44.181	57 284
	203,920	289.070	277.370
		g .	
	325.541	335 745	325 541
			1
₩	586,745	668,995	660,195
	F.	e .:	Ú
	10.1%	-0.3%	5.9%
	26.0%	33.8%	30.6%
	64.4%	58.2%	60.1%
	9.6%	10.5%	9.0%
	9.6%	8.1%	9.2%
	7.8%	8.7%	7.3%
	2.1%	2.4%	2.2%
	5.4%	2.1%	2.1%
	₩		57,284 203,920 325,541 586,745 586,745 10.1% 26.0% 64.4% 9.6% 9.6% 7.8% 2.1%

This reflects Calendar Year January - December

	116	ς .	M	>	771
 b. Paid to Non-Affiliates 5. Management Fees: a. Paid to Affiliates b. Paid to Non-Affiliates 6. Other Operating Expenses Total Operating Expenses 	D. Operating Expenses 1. Salaries and Wages a. Direct Patient Care b. Non-Patient Care 2. Physician's Salaries and Wages 3. Supplies 4. Rent a. Paid to Affiliates	Deductions from Gross Operating Revenue 1. Contractual Adjustments 2. Provisions for Charity Care 3. Provisions for Bad Debt Total DeductionS	Revenue from services to Patients 1. Inpatient Services 2. Outpatient Services 3. Emergency Services 4. Other Operating Revenue (Specify) Infusion Services Gross Operating Revenue	A. Utilization Data (Specify unit of measure, e.g., 1000 patient days, 500 visits)	PROJECTED DATA CHART
506,805 984,467 - 676,714 26,182,410	30,442,543 2,876,215 2,269,999 N/A 18,868,211	653,007 6 53,007	N/A N/A 31,095,549 31,095,549	2020 Proj 3,121	Total Facility
4,868,585	4,984,697 628,545 249,710 N/A 3,990,330	106,924 106,924	N/A N/A 5,091,621 5,091,621	2019 755	Project Only
6,644,840	6,945,889 818,391 266,454 N/A 5,559,995	148,993 148,993	N/A N/A 7,094,882 7,094,882	2020 1,052	Project Only

(Lannings before interest, raxes and Depreciation	4,260,733	110,112	301,049
F. Non-Operating Expenses 1. Taxes	Expenses		ı	
2. Depreciation	חמ	465,882	ı	ï
 Interest Other Non- 	Interest Other Non-Operating Expenses	- (4,545)	ï i	7 7
	Total Non-Operating Expenses	461,337	á	×
Net Income (Loss)	oss)	3,798,796	116,112	301,049
G. Other Deductions 1. Estimated Annual	Other Deductions 1. Estimated Annual Principal Debt Repayment		1	£
t: Ollinai Capitai Experiolitaie	Total Other Deductions			
	Net Balance	3,798,796	116,112	301,049
117	Depreciation	465,882		Ē
	FREE CASH FLOW (Net Balance + Depreciation)	4,264,678	116,112	301,049

PROJECTED DATA CHART-OTHER EXPENSES OTHER EXPENSES CATEGORIES

4. Other Expenses	Imaging Interpretation Fees	2. Contract Labor	1. Professional Services Contract	

57,28**4** 293,889

3. Imaging Interpretation Fees	ı		
4. Other Expenses	325,541		
Ç I			
5			
7.			
Total Other Expenses	676,714	4.	3
Check	ć	i)	Ü
Summary Statistics			
Revenue Growth %	6.0%	N/A	N/A
യ്യGross Margin %	30.1%	9.3%	10.1%
Supplies %	60.7%	78.4%	78.4%
Opex %	8.9%	4.9%	3.8%
Direct Labor %	9.2%	12.3%	11.5%
Indirect Labor %	7.3%	4.9%	3.8%
Other Opex %	2.2%	0.0%	0.0%
Bad Debt %	2.1%	2.1%	2.1%
IEBITDA Margin %	16.9%	2.3%	4.2%

This reflects Calendar Year January - December

 a. Paid to Affiliates b. Paid to Non-Affiliates 6. Other Operating Expenses Total Operating Expenses 	 b. Non-Patient Care 2. Physician's Salaries and Wages 3. Supplies 4. Rent a. Paid to Affiliates b. Paid to Non-Affiliates 5. Management Fees: 	D. Operating Expenses 1. Salaries and Wages a. Direct Patient Care	C. Deductions from Gross Operating Revenue 1. Contractual Adjustments 2. Provisions for Charity Care 3. Provisions for Bad Debt Total DeductionS	 B. Revenue from services to Patients 1. Inpatient Services 2. Outpatient Services 3. Emergency Services 4. Other Operating Revenue (Specify) Infusion Services Gross Operating Revenue 	PROJECTED DATA CHART A. Utilization Data (Specify unit of measure, e.g., 1000 patient days, 500 visits)
984,467 - 660,195 29,518,258	2,392,116 N/A 21,631,584 - 506,805	33,716,114 3,343,092	723,226 723,22 6	N N/A	Facilty + Project 2019 3,618
984,467 - 676,714 32,827,251	2,536,452 N/A 24,428,206 506,805	37,388,432 3,694,606	801,999 801,999	N/A N/A 38,190,431 38,190,431	Facilty + Project 2020 4,173

120		؈			ப் ப
Depreciation FREE CASH FLOW (Net Balance + Depreciation)	Net Balance	 G. Other Deductions 1. Estimated Annual Principal Debt Repayment 2. Annual Capital Expenditure Total Other Deductions 	Net income (Loss)	 Taxes Depreciation Interest Other Non-Operating Expenses Total Non-Operating Expenses 	Earnings Before Interest, Taxes and Depreciation Non-Operating Expenses
465,882 4,202,401	3,736,519	i i Sr	3,736,519	465,882 (4,545) 461,337	4,197,856
465,882 4,565,727	4,099,845	r r ás	4,099,845	465,882 (4,545) 461,337	4,561,181

PROJECTED DATA CHART-OTHER EXPENSES OTHER EXPENSES CATEGORIES

	n
325.541	4. Other Expenses
•	3. Imaging Interpretation Fees
277,370	Contr
57,28	1. Floressional pervices Contract

Check	7. Total Other Expenses	, o	Ç	4. Other Expenses	3. Imaging Interpretation Fees	2. Contract Labor	1. Professional Services Contract
r	660,195			325.541	4	277,370	57,284
,	676,714			325.541	Œ.	293,889	57,284

Summary Statistics		
Revenue Growth %	23.9%	10 0%
Gross Margin %	27.5%	26.4%
Supplies %	S) 20%	84.0%
Opex %	S 40/	0 00/
	, r. o	0.076
Direct Labor %	9.7%	9.7%
Indirect Labor %	6.9%	6.6%
Other Opex %	1.9%	1.8%
Bad Debt %	2.1%	2 1%
EBITDA Margin %	15.0%	14.5%

	A	В	С	D	E
2	Facility Name	County	Charge Per Vist - Direct & Indirect	Average Chare Per Visit	Average Charge Per Hou
3		Anderson	- India Got	Viole	Average Charge Per Hou
4	Professional Case Management of Tennessee	Anderson			
5	The Home Option By Harden Health Care	Anderson			
6	Heritage Home Health	Bedford			
7	Tennessee Quality Homecare - Northwes	Benton			34
8	Blount Memorial Hospital Home Health Services	Blount	0		
9	Family Home Care, Cleveland	Bradley			•
10	Home Health Care of East Tennessee, Inc.	Bradley	111		
11	Sunbelt Homecare	Campbell			
12	Baptist Memorial Home Care	Carroll			
13	Amedisys Home Health Care	Carter			
14	Amedisys Home Health of Tennessee	Claiborne			
15	Suncrest Home Health Cumberland River Homecare	Claiborne	138	0	75
16		Clay			
_	Smoky Mountain Home Health and Hospice, Inc.	Cocke			
18	Gentiva Health Services	Coffee			Name of the Control o
19	Suncrest Home Health	Coffee	0	150	75
20	Amedisys Home Health	Davidson			
21	Gentiva Health Services	Davidson			
22	Vanderbilt Home Care Services	Davidson			
23	Suncrest Home Health	Davidson	0	0	0
	Intrepid USA Healthcare Services	Davidson			
25	Premiere Home Health, Inc.	Davidson			
	Vanderbilt Community and Home Services				
	Elk Valley Health Services, LLC	Davidson		0	0
	Brookdale Home Health Nashville	Davidson			
	Home Care Solutions	Davidson	0		
30		Davidson		1	
and the second state of	Friendship Home Health Agency, LLC	Davidson	0		
32		Davidson			
_		Davidson			
_		Davidson			
		Davidson	0		
36		Davidson			
-		Davidson			
38 /	Adoration Home Health, LLC	Davidson			

	A	В	С	D	E
1			Infusion-Therapy		
			Charge Per Vist - Direct &	Average Chare Per Visit	Augusta Charga Dan Haus
2	Facility Name	County,	Indirect	VISIT	Average Charge Per Hour
3	Careall	Davidson			
4	Coram CVS Speciality Infusion Services	Davidson			
5	Pentec Health, Inc.	Davidson	0		
6	Vanderbilt Affiliated Walgreens Services	Davidson			
7	Tennessee Quality Homecare-Southwest	Decatur			N:
_	Volunteer Homecare of West Tennessee,				
8	Inc.	Decatur			
9	Suncrest Home Health	DeKalb	0	0	0
10	NHC Homecare	Fayette			
11	Where The Heart Is, Inc.	Fayette	0	0	0
12	Quality Private Duty Care	Fentress			
13	Quality Home Health	Fentress			
14	Caresouth HHA Holdings of Winchester, LLC	Franklin			
15	Amedisys Home Care	Franklin			
16	NHC Homecare	Gibson			
17	Volunteer Home Care, Inc.	Gibson			
18	Advanced Home Care, Inc.	Greene			
19	Laughlin Home Health Agency	Greene	0		
20	Procare Home Health Services	Greene	175	0	0
21	Amedisys Home Health Care	Hamblen			
22	University of TN Medical Center Home Health Services	Hamblen	0		
23	Premier Support Services	Hamblen	0	0	0
24	NHC Homecare	Hamilton			
25	Guardian Home Care, LLC	Hamilton			
26	Gentiva Health Services	Hamilton			
27	Amedisys Home Health	Hamilton			
28	Continucare Healthservices, Inc I	Hamilton	0	0	0
29	CHI Memorial Hospital Home Health	Hamilton			
30	Tennessee Home Health	Hamilton			
31	Home Care Solutions	Hamilton	0	ð	A.S.
32	Continucare Healthservices, Inc II	Hamilton		36	<i>y</i>
33	Optum Womens and Childrens Health, LLC	Hamilton		ş	
34	Maxim Healthcare Services	Hamilton		120	30
35	Hancock County Home Health Agency	Hancock			0
36	Deaconess Homecare	Hardin			The state of the s
37	HMC Home Health, LLC	Hardin	0		
38	Hometown Home Health Care, Inc.	Hawkins			
39	CareAll Homecare Services	Haywood			
	Henry County Medical Center Home Health	Henry			, , , , , , , , , , , , , , , , , , ,

	A	В	T c	D	E
1		+	Infusion Therapy		<u> </u>
		HILL STATE OF		Average Chare Per	
2		County	Indirect	Visit	Average Charge Per Hour
3	Saint Thomas Home Health	Hickman			
4	Johnson County Home Health	Johnson			
5	NHC Homecare	Knox			
6	Kindred at Home	Knox			5
7	Camellia Home Health of East Tennessee LLC	Knox			÷
8	Tennova Healthcare Home Health	Knox	0		•
9	University of TN Medical Center Home Care Services - Home Health	Knox	0		
10		Knox			
11	East Tennessee Childrens Hospital Home Health Care	Knox	0		
12	CareAll Home Care Services	Knox	×		
13	Covenant Homecare	Knox		1	
14	Maxim Healthcare Services, Inc.	Knox			
15	Coram CVS Specialty Infusion Services	Кпох			
16	Deaconess Homecare	Lincoln			
17	Lincoln Medical Home Health and Hospice	Lincoln			
18	NHC Homecare	McMinn			
19	Medical Center Home Health, LLC	Madison	0		
20	Amedisys Home Health Care	Madison			
21	Tennova Home Health - Jackson	Madison			
22	Extendicare Home Health of West Tennessee	Madison	0		
23	Intrepid USA Healthcare Services	Madison			
24	NHC Homecare	Maury			
25	Maury Regional Home Services	Maury	0		
26	CareAll Homecare Services	Maury			
27	Quality First Home Care	Maury			
28	Intrepid USA Healthcare Services	Monroe			
29	Sweetwater Hospital Home Health	Monroe			* -
30	Gateway Home Health, Clarksville	Montgomery	0		2
		Montgomery	130	150	75
32		Obion	0	ę	
		Overton			
34	Highland Rim Home Health Agency	Putnam	0	0	0 *
35	Intrepid USA Healthcare Services	Putnam			
36	NHC Homecare	Robertson			
37	Lifeline Home Health Care	Robertson	0		*
38	NHC Homecare	Rutherford			
39	Amedisys Home Health	Rutherford			
40	Amedisys Home Health Care	Rutherford			:

	Α	В	С	D	Е
120			Infusion Therapy		
121	Facility None		Charge Per Vist - Direct &	Average Chare Per	
_	Facility Name Deaconess Homecare	County	Indirect	Visit	Average Charge Per Hour
		Scott		l .	
	Meritan, Inc.	Shelby	ļ		
	Quality Home Health Services	Shelby			
	Amedisys Home Care	Shelby			
	Family Home Health Agency	Shelby			
127	Intrepid USA Healthcare Services Willowbrook Visiting Nurse Association,	Shelby			
128		Shelby	0		
	Amedisys Home Health Care	Shelby			
130	Americare Home Health Agency, Inc.	Shelby	0		
_	Baptist Trinity Home Care	Shelby			
	Methodist Alliance Home Care	Shelby			
	Homechoice Health Services	Shelby	0	0	0
_	Amedisys Home Health	Shelby			
	Baptist Trinity Home Care - Private Pay Division	Shelby			
	Accredo Health Group, Inc.	Shelby	0	0	75
	Optum Womens and Childrens Health	Shelby	0	0	75
137	Home Health Care of West Tennessee.	SHEIDY			
138		Shelby			
139	Functional Independence Home Care, Inc.	Shelby			N N
140	No Place Like Home, Inc.	Shelby	0	0	0
141	Still Waters Home Health Agency	Shelby	110		
142	Maxim Healthcare Services	Shelby		0	0
143	Best Nurses, Inc.	Shelby			
144	Coram CVS/Speciality Infusion Service	Shelby			
145	Hemophilia Preferred Care of Memphis, Inc.	Shelby	0		
146	Advanced Home Care, Inc.	Sullivan			
147	Gentiva Health Services	Sullivan			
148	Highpoint Homecare	Sumner			
149	Intrepid USA Healthcare Services	Warren			
150	Careall Home Care Services	Warren			
151	Friendship Home Health, Inc.	Warren	0		1 - 1
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153	Medical Center Homecare Services	Washington		(
154	Amedysis Home Health	Washington			
155	NHC Homecare	Washington			
156	Maxim Healthcare Services, Inc.	Washington	0	0	0 •
157	Careall Homecare Services	Weakley			
158	Guardian Home Care of Nashville	Williamson			
	Vanderbilt HC Affiliated W/Walgreens IV and RT Services	Williamson			

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161			Infusion Therapy		
1 <u>6</u> 2	Facility Name	County	Charge Per Vist - Direct & Indirect		Average Charge Per Hour
163	Health at Home	Williamson			
164	Deaconess Homecare I	Wilson			77
165	Gentiva Health Services	Wilson			
166	American National Home Health	Wilson			
	Magnolia Regional Health Center Home Health and Hospice Agency	Alcom			
168	Regional Home Care Parkway	Alcom		-10: 1 2:077=-	3
169	Professional Home Health Care Agency, Inc.	Alcom		**************************************	
170					

Board for Licensing Health Care Facilities

State of



Tennessee

License No. 0000001019

DEPARTMENT OF HEALTH

This is to certify, that a license is hereby granted by the State Department of Health to

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	ome	Docated at	Country of		the	nd s	ios con	In Witness Mercof, we have hereunto set our hand and seal of the State this 2TTH day of FEBRUARY 2018
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OPTION CARE INFUSION	ipmen	624 GI	DAVIDSON	This license shall expire	Chap	to re		0
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SET	Home Medical Equipment Company VANDERBILT HC/OPTION CARE IV SERVICES	624 GRASSMERE PARK, SUITE 22, NASHVILLE			to the provisions of Chapter 11, Tennessee Code Annotated. This license shall not be assignable or transferable,	and shall be subject to revocation at any time by the State Department of Health, for failure to comply with the	laws of the State of Tennessee or the rules and regulations of the State Department of Health issued thereunder.	
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DIRECTOR, DIVISION OF HEALTH CARE FACILITIES

MMISSIONER





ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT:

d/b/a Vanderbilt HC/Option Care IV Services Option Care Infusion Services, LLC NASHVILLE, TENNESSEE

HAS DEMONSTRATED A COMMITMENT TO PROVIDING QUALITY CARE AND SERVICES TO CONSUMERS ACCREDITATION AND IS THEREFORE GRANTED ACCREDITATION FOR THE FOLLOWING: THROUGH COMPLIANCE WITH ACHC'S NATIONALLY-RECOGNIZED STANDARDS FOR

PHARMACY

PCAB ACCREDITATION

For patient specific prescription compounding of Sterile Compounding, Ref. USP <797>

FROM April 15, 2017 THROUGH April 14, 2020

CHIEF EXECUTIVE OFFICER

CHAIRMAN OF THE BOARD OF COMMISSIONERS





JERTIFICATE of ACCREDITATION



ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT:

d/b/a Vanderbilt HC/Option Care IV Services Option Care Infusion Services, LLC NASHVILLE, TENNESSEE

HAS DEMONSTRATED A COMMITMENT TO PROVIDING QUALITY CARE AND SERVICES TO CONSUMERS ACCREDITATION AND IS THEREFORE GRANTED ACCREDITATION FOR THE FOLLOWING THROUGH COMPLIANCE WITH ACHC'S NATIONALLY RECOGNIZED STANDARDS FOR

DMEPOS

Home/Durable Medical Equipment Services

FROM *April 15, 2017* THROUGH *April 14, 2020*

CHIEF EXECUTIXE OFFICER

CHAIRMAN OF THE BOARD OF COMMISSIONERS





STATE OF TENNESSEE DEPARTMENT OF HEALTH WEST TENNESSEE HEALTH CARE FACILITIES 2975 C HIGHWAY 45 BYPASS JACKSON, TENNESSEE 38305-3608

June 18, 2015

Julie Koenig Walgreens-Optioncare Inc. 500 Wilson Pike Circle, Ste 115 Brentwood, TN 37027

RE: Licensure Survey

Dear Ms. Koenig:

We are pleased to advise you that no deficiencies were cited as a result of the licensure survey completed at your facility on June 15, 2015 The attached form is for your file.

If this office may be of any assistance to you, please do not hesitate to call (731) 984-9684.

Sincerely,

P. Diane Carter, RN, LNCC

Public Health Nurse Consultant 2

P. Diane Carter, PHNC2

PDC/pb/pb

Enclosure: State Form 2567

ATTACHMENT SECTION B: CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTHCARE E-1

OptionCare Infusion Services and Vanderbilt Health Services Organization Chart

OptionCare Enterprises, Inc 50% Ownership Vanderbilt Health Services 50% Ownership

Optioncare Infusion Services, LLC DBA

Vanderbilt HC/OptionCare IV Services ATTACHMENT SECTION B: CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTHCARE E-2 a-d

BEFORE THE TENNESSEE STATE BOARD OF PHARMACY

IN THE MATTER OF:)	
VANDERBILT HC/WALGREENS IV & RT SERVICES,) CASE NO. 2014()01571
RESPONDENT.)	

CONSENT ORDER

Comes now, the Division of Health Related Boards of the Tennessee Department of Health (State), by and through the Office of General Counsel, and Respondent, Vanderbilt HC/Walgreens IV & RT Services (Respondent) and respectfully moves the Tennessee Board of Pharmacy (Board) for approval of this Consent Order affecting Respondent's pharmacy license in the State of Tennessee.

I. AUTHORITY AND JURISDICTION

The Board regulates and supervises pharmacies, pharmacists, pharmacy technicians, and pharmaceutical manufacturers, wholesalers, and distributors licensed to practice pursuant to the Tennessee Pharmacy Practice Act (Practice Act), Tennessee Code Annotated Section (TCA) § 63-10-101, et seq., including the discipline of licenses, as well as those who are required to be licensed, who violate the Practice Act and the rules promulgated by the Board, Official Compilation of Rules and Regulations of the State of Tennessee (Tenn. Comp. R. & Regs.), 1140-01-.01, et seq. The Board enforces the Practice Act to promote and protect the health, safety and welfare of the public; accordingly, it is the policy of the Board to require strict compliance with the law and to apply the law to preserve the quality of pharmacy care provided in Tennessee.

II. STIPULATIONS OF FACT

- 1. Respondent owns and operates a compounding pharmacy located at 500 Wilson Pike Circle, Suite 115, Brentwood, Tennessee, (Pharmacy). Pharmacy holds a pharmacy license issued by the Board (ID Number 0000003433).
- 2. Prior to April 7, 2015, Pharmacy was jointly owned through a joint venture with Option Care Enterprises, Inc. (OCE) and Vanderbilt Health Services, Inc. (VHS). At this time, OCE was a wholly-owned subsidiary of Walgreens Infusion Services (WIS), a division of Walgreen Co. (Walgreens). Effective April 7, 2015, Walgreens sold its controlling interest in WIS to new owners, and the resultant new company was renamed Option Care Enterprises, Inc. (Option Care). As a result of such sale, the new owners now hold a controlling interest in Option Care with Vanderbilt Health Services, Inc. and Option Care as equal owners of Respondent, and Option Care manages the day to day operations of Respondent, with the Pharmacy responsible for providing all patient care and related pharmacy services.
- 3. As the manager and operator of Respondent, and in light of its new ownership, Option Care is actively working to ensure a culture of compliance throughout the organization.
- 4. At the time of the transaction, Option Care was made aware that Walgreens had been notified of the August, 2014 death of a pediatric patient for whom a Total Parenteral Nutrition (TPN) product was compounded at the Pharmacy and provided for the patient's use.
- 5. Board investigators determined that the TPN was not properly mixed, and believed that during the compounding process, adherence to policies and equipment warnings were not followed or noted, resulting in errors in the compounding of the TPN product.

- Board investigators found that violations of the Pharmacy's own policies and procedures led to the TPN compounding error.
- Separately and unrelated to the foregoing, on or about December 2014, during routine sample testing, WIS discovered the presence of mold growth in its chemotherapy mixing room. The room was cleaned and retested, and efforts were made to determine the source of the mold growth. WIS engaged industry specialists to inspect the air ducts and HVAC system throughout the facility. In addition, WIS worked with an industrial hygienist to identify and remedy the suspected source of the mold growth. Ultimately, it was determined that the HVAC system would be replaced in its entirety, and WIS ceased all sterile compounding at the facility pending installation of a new HVAC system.
- 8. A new HVAC system along with new HEPA filters were installed, and WIS resumed operations. After resuming operations, WIS performed ongoing, customary environmental testing to confirm air quality throughout the facility.
- In May, 2015, results of environmental tests suggested possible mold growth in the chemotherapy mixing room. Respondent voluntarily suspended all compounding operations pending verification of the test results and correction of any circumstances that may have contributed to the mold growth.
- 10. The HVAC system, both sterile mixing rooms, as well as the overall building facility were again examined by multiple experts. It was determined that the mold resulted from air-flow issues due to the newly-installed HVAC system. Experts recommended additional engineering of the new HVAC to add heating coils, thus enabling more stable temperature controls, airflow and exchanges in the sterile mixing room.

- The measures recommended by the experts to remedy the temperature and airflow issues were adopted and implemented by Respondent in June and July, 2015. Additionally, Respondent expanded the clean room suite by adding a vestibule to provide additional space and transitioning to the ante room for more positive environmental controls between the sterile mixing room environment and the exterior premises. Environmental testing of the sterile clean room has been and continues to be conducted, which has reflected negative mold growth. Following the renovations, the new, remodeled clean room passed state inspection, and was re-opened for sterile compounding in July, 2015. Respondent elected to seal and not reopen the chemotherapy mixing room. Chemotherapy mixing will not be continued at Respondent's current location.
- 12. Respondent acknowledges that Board investigators believe that certain policies and procedures may not have been followed as required by the Board-mandated regulations, and could be described as unprofessional conduct within the meaning of T.C.A. § 63-10-305(6).

III. STIPULATED GROUNDS FOR DISCIPLINE

- 13. The State of Tennessee Board of Pharmacy has the authority to revoke, suspend, or impose other lawful disciplinary action, including a civil penalty for any violation of any laws relating to drugs or to the practice of pharmacy and/or the Board's rules pursuant to TCA §63-10-305, and Tenn. Comp. R. & Reg. 1140-08-.01 [providing for Civil Penalties].
- 14. The Stipulations of Fact in paragraphs 4 through 6, may be sufficient to establish that Respondent has violated the following statutes or rules which are part of the Act, TCA §

63-10-101, et seq., and Tenn. Comp. R. & Regs., 1140-010.01 et seq., for which disciplinary action by the Board is authorized.

15. The Stipulations of Fact in paragraphs 4 through 6, may constitute grounds for which the Board may discipline Respondent's license to operate as a pharmacy pursuant to Tenn.

Comp. R. & Regs., 1140-03-.02, titled Standards of Practice, the relevant portion of which reads as follows:

A pharmacist may compound and dispense prescription drugs and devices and related materials only in a pharmacy practice site which is duly licensed by the board and which operates in compliance with Tennessee and federal laws and rules governing the practice of pharmacy.

16. The Stipulations of Fact in paragraphs 4 through 6, may constitute grounds for which the Board may discipline Respondent's license to operate as a pharmacy pursuant to Tenn.

Comp. R. & Regs., 1140-01-.02, titled Violations Constitute Unprofessional Conduct, the relevant portion of which reads as follows:

Any person who violates any rule of the board may be deemed guilty of dishonorable, immoral, unethical or unprofessional conduct within the meaning of T.C.A. § 63-10-305(6).

IV. STIPULATED DISPOSITION

- 17. For the purpose of avoiding further administrative actions with respect to this cause,
 Respondent agrees to the following:
 - a. Suspension of Respondent's license for a period of one (1) year from the date the Consent Order is approved by the Board;
 - b. Suspension of Respondent's license is stayed for the same period of one (1) year;
 - c. Payment of \$ 15,000.00 in civil penalties;

- d. Respondent has modified its compounding policies and procedures related to the concerns of the Board based upon recommendations by independent industry experts hired by Respondent, as well as Respondent's review of all Tennessee and federal regulations, and industry best practice standards. In that regard,

 Respondent has submitted a proposed Corrective Action Plan (CAP) to the Board and to the Department of Health outlining its internal changes to policies and procedures, among other changes and facility improvements. Included in the CAP, and to address the Board's concerns stemming from its review of any compounding errors occurring in August 2014, Respondent has adopted and trained its employees on the following heightened safety measures:
 - (i) All TPN products mixed by Respondent are reviewed and/or verified by no less than two (2) pharmacists.
 - (ii) One of the pharmacists must verify the physician's order and the ingredients to be compounded for the patient;
 - (iii) A second and different pharmacist must verify the accuracy of the compounding of any TPN by:
 - Reviewing the compounding order and the mix check report generated by the compounding equipment used to mix the product;
 - For any adult patient product, the verifying pharmacist must review the mix check report generated by the equipment as well as the patient information, errors raised by the report, the ingredients and quantities used when compounding the product, and any other factor necessary to make a professional and clinical decision whether the product can be dispensed to the adult patient, and will sign and indicate accordingly;
 - For all pediatric patients, if any error is indicated by the equipment, the mix check report, or from any other source, the compounded product must be disposed of and not dispensed to the patient. There will be no separate clinical determination of whether the product can still be dispensed to the patient.

- All products which are rejected by the verifying pharmacist must be so indicated on the mix check report, bear the signature of the verifying pharmacist, stored for inspection and training purposes, and identified on a written log as disposed of as "waste."
- All of the above records will be made available for inspection by the investigators for the Board of Pharmacy at any time during business hours.
- (iv) All current employees have been trained and have acknowledged the policies and training on the listed safety measures, among others, as contained in the CAP. Records of all employee trainings are available for inspection by the Board of Pharmacy during business hours.
- (v) Pharmacists and pharmacy technicians have completed, and all future pharmacists and pharmacy technicians are required within thirty (30) days of his/her start date (before compounding) to complete training modules related to home infusion therapy and TPN. Additional training by the compounding manufacturer is scheduled within thirty (30) days of entry of this Order. The equipment manufacturer previously provided equipment training at Respondent's location in November 2014 (prior to Respondent's purchase).
- (vi) A confidential reporting system has been established for technicians and pharmacists to report any concerns related to personnel competency or failure to comply with any compliance or safety measures required by law or Option Care Policy.
- e. The CAP also describes Respondent's implementation of other safety measures, including the designation of specific employees for oversight and accountability on all policies and compliance requirements; establishment of stricter and more frequent compliance reporting internally; provisions for more frequent testing of compliance measures and employees' adherence to all stated measures; and increased management and compliance committee oversight and accountability for implementation, testing and enforcement of compliance and safety requirements.

- The CAP also provides for a new employee orientation for sterile room and compounding training. Any new employee with less than two years' experience will be assigned a pharmacist mentor who will provide additional oversight for the employee's training and supervision for at least six (6) months.
- g. During the one year period of the stay of the Respondent's license suspension and its CAP, the Respondent will provide any changes to its policies or employee training requirements related to compounding, prescription dispensing, or compliance verification to the BOP for its review within five business days of the change. As provided in the proposed CAP, Respondent will have readily available for the BOP's inspection monthly testing of compliance measures, including those related to TPN products, as well as mix check reports generated from the compounding equipment.
- h. Testing of all compliance measures, while to be made available to the BOP as provided herein and in the proposed CAP, will also be provided to an independent industry consultant hired by Respondent for review and analysis, and who may provide advice or recommendations to Respondent with regard to testing measures. Any significant changes to policy or procedure as a result of advice or recommendations from the consultant will be provided to the BOP as provided herein.
- i. Notice of any additional significant facility improvements or Respondent's relocation to a new site as anticipated will be provided to the BOP, who will be

provided with the opportunity to inspect the improvements or any new facility location.

V. NOTICE

- 18. The Respondent, as represented by the signature on this Consent Order, waives the right to a contested hearing and any and all rights to judicial review in this matter. Respondent agrees that presentation to and consideration of this Consent Order by the Board for ratification and all matter divulged during that process shall not constitute unfair disclosure such that the Board or any of its members shall be prejudiced to the extent that requires their disqualification from hearing this matter should this Order not be ratified. Likewise, all matters, admissions and statements disclosed or exchanged during the attempted ratification process shall not be used against the Respondent in any subsequent proceeding unless independently entered into evidence from a separate source.
- 19. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to challenge or contest the validity of this Consent Order.

 Respondent understands that by signing this Consent Order, Respondent is allowing the Board to issue its order without further process. In the event that the Board rejects this Consent Order for any reason, it will be of no force or effect for either party.
- 20. Furthermore, Respondent acknowledges that it understands that it has a right to a hearing under the provisions of the Uniform Administrative Procedures Act, TCA Title 4, Chapter 5, but that it hereby waives that right in order to enter into this proposed Consent Order.
- 21. A violation of this Order shall constitute a separate violation of the Pharmacy Practice Act, TCA § 63-10-305(8), and is grounds for further disciplinary action by the Board.

Respondent's failure to maintain compliance with the terms of this Order and the requirements of Board Rule Chapter 1140-07 until the completion of the terms of the Order and any amendments thereto will be a violation of this Order and may result in the immediate lifting of the stay of suspension of Respondent's license. If thereafter Respondent wishes to have its license reinstated, Respondent must appear before the Board to obtain a recommendation for reinstatement and demonstrate its ability to operate within the bounds of the law. The Board reserves the right to recommend other reasonable conditions of reinstatement at the time of appearance before the Board. If the Board does not recommend reinstatement, Respondent's license shall remain suspended for the remaining term of suspension as provided by the terms of the Consent Order.

APPROVED FOR ENTRY:

Paul Mastrapa

22.

Chairman of the Board of Directors Walgreens Infusion and Respiratory

Services, LLC Respondent Date

Stefan Cange (BI)R# 031057)

Assistant General Counsel

Tennessee Department of Health

Office of General Counsel

665 Mainstream Drive, 2nd Floor

Nashville, Tennessee 37243

(615) 741-1611

9/1/15 Date

146 Approval by the Board

Upon the agreement of the parties and the record as a whole, this CONSENT ORDER was approved as a FINAL ORDER by a majority of a quorum of the Tennessee Board of Pharmacy at a public meeting of the Board and signed this _______ day of September, 2015.

ACCORDINGLY, IT IS ORDERED that the agreements of the parties will, and hereby do, become the Final Order of the Board.

Chairperson/Acting Chairperson
Tennessee Board of Pharmacy

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AFFIDAVIT

STATE OF <u>ILLINOIS</u>	•
COUNTY OF LAKE	
applicant named in this application or his/he accordance with the application, that the ap Rules of the Health Services and Development	being first duly sworn, says that he/she is the r/its lawful agent, that this project will be completed in plicant has read the directions to this application, the ent Agency, and T.C.A. §68-11-1601, et seq., and that other questions deemed appropriate by the Health
Services and Development Agency are true a	
	SIGNATURE/THILE
Sworn to and subscribed before me this	day of March, 2018 a Notary
Public in and for the County/State of	nois.
5	Sandra Smeyel NOTARY PUBLIC
My commission expires	"Official Seal" SANDRA SNEYD Notary Public, State of Illinois My Commission Expires 9/13/20

ATTACHMENT SECTION B, ECONOMIC

FEASIBILITY, ITEM E.3)

55 Revenue	Speech Therapy Other Total	Discipline Home Health Aide Services Homenaker Services Medical Services Occupational Therapy Physical Therapy Skilled Nursing Care Influsion Mursing Greater than 2 Hours Influsion Mursing Gestian 2 Hours	Medical Social Services Occupational Therapy Physical Therapy Skilled Nursing Care Infusion Nursing Greater than 2 Hours Infusion Nursing Less than 2 Hours Infusion Nursing Less than 2 Hours Speech Therapy Other Total Discipline Home Health Aide Services Home Health Aide Services Medical Social Services Occupational Therapy Physical Therapy Skilled Nursing Care Infusion Nursing Care	Year 2017 Discipline Home Health Aide Services	Speech Therapy Other Total	Agedical Social Services Occupational Therapy Mystral Therapy Sulled Nursing Care Jacuston Nursing Greater than 2 hours Musion Nursing less than 2 hours	33433 - Maxim Healthcare Services, Inc Discipline Home Health Aide Services Momemaker Services
439 100 33433 - Maxim Healthcare Services entage of Total		Patients Visits Hours Gross	26 22 49 42 31 Total All Revenue Sources Patients Visits Hours Gross Revenue	Schedule D - Finances (continued) Other Visits Hours Gross Revenue Percentage of Total	113 515 176315 6004439	- 433 145,6 40 42	Patients Visits Hours Gross Revenu 30,587

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			e:						79556 - Coram CV5/Speciality Infusion Service	100											of Total	

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3. Patients Served and Gross Revenue by Revenue Source:

Supplemental #2

March 28, 2018 10:12 am

Year 2017		Schedule D - Finances	nances			16034 - Suncrest Home Health
Charity Care: Number of Patients	0	Total Cost	0			
Average Charges by Discipline: Do you provide private duty?	Yes & No C					
Discipline	7	Medicare Certified Home	me Care Organization	OU	Private Duty Company	Company
	Charge Per	Charge Per	Charge Per	Charge Per	Average	Average
	Visit -	Visit -	Episode of Care -	Episode of Care -	Charge Per	Charge Per
	Direct Only	Direct & Indirect	Direct Only	Direct & Indirect	Visit	Hour
Home Health Aide Services	61	48	64	64	25	21
Homemaker Services	0	0	0	0	20	20
Medical Social Services	147	128	227	227	0	0
Occupational Therapy	114	98	156	156	0	0
Physical Therapy	120	100	155	155	0	0
Skilled Nursing Care	121	99	142	142	77	34
Infusion Therapy - Pain Management	0	0	0	0	0	0
Infusion Therapy Other	0	0	0	0	150	75
Speech Therapy	128	78	169	169	0	0
Other (Specify):						

Supplemental #2 March 28, 2018 10:12 am

		5 5 5 6 7 7 8	13 13 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15		Occupational Therapy Physical Therapy Skilled Nursing Care Infusion Nursing Greater than 2 Hours Infusion Nursing Less than 2 Hours Speech Therapy Other
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Percentage or rotar		o di	4 10 10	1	Home Health Aide Services
Document of Table		House	Visite	Datients	Discipline
			Other		

19734 - Coram CVS Speciality Infusion Services

March 28, 2018 10:12 am

Year 2017

Schedule D - Finances (continued)

Discipline Home Health Aide Services Homemaker Services Medical Social Services Occupational Therapy Physical Therapy Skilled Nursing Care Infusion Nursing Greater than 2 Hours Infusion Nursing Less than 2 Hours Speech Therapy Other		Total	Speech Therapy Other	Infusion Nursing Less than 2 Hours	Infusion Nursing Greater than 2 Hours	Skilled Nursing Care	Physical Therapy	Occupational Therapy	Medical Social Services	Homemaker Services	Home Health Aide Services	Discipline	
Patients												Patients	
Visits 738	Total All Revenue Sources	0										Visits	Other
Hours 91/37 24/37 932639 732639 7465	urces	0										Hours	
Gross Revenue												Gross Revenue	
Percentage of Total		0.3500000000000000000000000000000000000										Percentage of Total	

19584 - Home Health Care of Middle Tennessee, LLC

Supplemental #2

March 28, 2018 10:12 am

Year 2017

Schedule D - Finances (continued)

Discipline Home Health Aide Services Homemaker Services Medical Social Services Occupational Therapy Physical Therapy Skilled Nursing Care Infusion Nursing Greater than 2 Hours Infusion Nursing Less than 2 Hours Speech Therapy Other		Discipline Home Health Aide Services Homemaker Services Medical Social Services Occupational Therapy Physical Therapy Skilled Nursing Care Infusion Nursing Greater than 2 Hours Infusion Nursing Less than 2 Hours Speech Therapy Other
Patients		Patients
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Hours 334 7 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	irces	Hours 0 0 1 1 1 1 1 87 9 0 0 0 0 0 0 386
Gross Revenue		Gross Revenue
Percentage of Total		Percentage of Total

155

19544 - Home Care Solutions

March 28, 2018 10:12 am Discipline

		Other			
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage o
Home Health Aide Services		0	0		
Homemaker Services		0	0		
Medical Social Services		0	0		
Occupational Therapy		0	0		
Physical Therapy		58	0		
Skilled Nursing Care		177	0		
Infusion Nursing Greater than 2 Hours		0	0		
Infusion Nursing Less than 2 Hours		14	0		
Speech Therapy		0	0		
Other		0	0		
Total	17	249	4	37246	
	_	Total All Revenue Sources	urces		
Discipline	Patients	Visits	Hours	Gross Revenue	Percentage o
Home Health Aide Services Homemaker Services		1,106	377430		
Medical Social Services		825	Contraction of the last		
Occupational Therapy		5487	0		
Physical Therapy		318/5	0		
Infusion Nursing Greater than 2 Hours		0			
Infusion Nursing Less than 2 Hours		Section 1	THE REAL PROPERTY.		
Speech Therapy		1291	0 1111		
Other		Control of the last of the las	A STATE OF THE PARTY OF THE PAR		
Total	5047	57,054	101263	\$367277	A CONTRACTOR

21024 - Suncrest Home Health

Schedule D - Finances (continued)

March 28, 2018 10:12 am Discipline

ear 2017	Sch	Schedule D - Finances (continued)	(continued)		6
		Other			
Discipline Home Health Aide Services	Patients	Visits 0	Hours	Gross Revenue	Percentage of Total
Homemaker Services Medical Social Services Occupational Therapy Physical Therapy Skilled Nursing Care Infusion Nursing Greater than 2 Hours Infusion Nursing Less than 2 Hours Speech Therapy Other Total Discipline Home Health Aide Services Homemaker Services Medical Social Services	Patients	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	urces Hours	45961 Gross Revenue	Percentage of Total
Total	2897	7,702,5		The state of the s	
Total	2897	76067	STATE OF THE PARTY	14200206	301

60024 - NHC Homecare

Supplemental #2 March 28, 2018

10:12 am

March 28, 2018

ATTACHMENT SECTION B, ECONOMIC FEASIBILITY, ITEM F.3)

March 28, 2018

Section B, Economic Felsibility, Tem F.3)

Below is an excerpt from our consolidated financial statements and I show the computation at the bottom. It is our long term debt of \$536,196K divided by our long term debt plus net equity of \$1,130,076K (\$536,196K+\$593,880K). Again, this is from Option Care's consolidated unaudited financial statement. If you need this ratio for some further subset or specific group/company please let me know.

NONCURRENT LIABILITIES:		
Long term debt, net of discount and deferred financing costs .	15	536,196
Deferred income taxes		51,582
Other noncurrent liabilities	de la companya della companya della companya de la companya della	577
Total noncurrent liabilities	1	588,355
Total liabilities		844,485
COMMITMENTS AND CONTINGENCIES (See Note 15)	-	
SHAREHOLDER'S EQUITY:		
Common stock, \$0.01 par value;		
1,000 shares authorized, issued, and outstanding		蓋
Paid-in capital		617,288
Accumulated deficit		(23,502)
Accumulated other comprehensive income		94
Total shareholder's equity		593,880
TOTAL LIABILITIES AND SHAREHOLDER'S EQUITY	\$	1,438,365
THE CONTRACT OF THE CONTRACT O		
The notes to consolidated financial statements are an integral part of these states	nents.	
Long Term Debt		536,196
Long Term Debt + Net Equity:		1,130,076
Ratio:		47.45%

March 28, 2018

HOME HEALTH CARE ORGANIZATIONS

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11. Home Health Care Organizations – Home Health Agency, Hospice Agency (excluding #2 Residential Hospice), identify the following by one of the poly:

March 28, 2018

Part of the last of	T E.J.C	T B	1.0		Existing 10:12 am Propose			
各省各省省市	Existing	Parent	Proposed	****	~	Office	Proposed Licensed	
AND THE REAL PROPERTY.	Licensed	Office	Licensed	4 4 4 4 4	Licensed		1	
	County	County	County	· · · · · · · · · · · · · · · · · · ·	County	County	County	
Anderson		므	X	Lauderdale			X	
Bedford				Lawrence	X			
Benton				Lewis	X			
Bledsoe			X	Lincoln	X			
Blount			X	Loudon			X	
Bradley			区	McMinn			X	
Campbell				McNairy			X	
Cannon	X			Macon	X			
Carroll				Madison				
Carter				Marion			X	
Cheatham	X			Marshall	X			
Chester				Maury	X			
Claiborne				Meigs			X	
Clay				Monroe			X	
Cocke				Montgomery	X			
Coffee	X			Moore	X			
Crockett				Morgan			X	
Cumberland			<u> </u>	Obion				
Davidson	X	<u> </u>		Overton				
Decatur				Perry	×			
DeKalb	\boxtimes			Pickett				
Dickson	X			Polk			X	
Dyer				Putnam	X			
Fayette				Rhea			<u> </u>	
Fentress				Roane			X	
Franklin	\boxtimes			Robertson	X			
Gibson				Rutherford	X			
Giles				Scott				
	X						<u> </u>	
Grainger				Sequatchie			<u>X</u>	
Greene				Sevier				
Grundy	X			Shelby				
Hamblen				Smith	X			
Hamilton			<u> </u>	Stewart				
Hancock				Sullivan				
Hardeman			X	Sumner	X			
Hardin			<u> </u>	Tipton			X	
Hawkins				Trousdale	X			
Haywood			X	Unicoi				
Henderson				Union				
Henry				Van Buren				
Hickman	X			Warren	X			
Houston	×			Washington				
Humphreys	X			Wayne	X			
Jackson				Weakley				
Jefferson			X	White	X			
Johnson				Williamson	X			
Knox			 X	Wilson	X			
Lake								
Laive								

March 28, 2018 10:12 am

Expires Septem

STATE OF TENNESSEE

COUNTY OF WILLIAMSON

NAME OF FACILITY: Optioncare Infusion Services I, Stephanie Fritz, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete. Sworn to and subscribed before me, a Notary Public, this the 28 7th day of Mitacit, 2018, witness my hand at office in the County of WILL CAMSON, State of Tennessee. **NOTARY PUBLIC** My commission expires Sapanne 30 , 2019.

HF-0043

Revised 7/02

CLARIFYING INFORMATION

Option Care Infusion Services, LLC d/b/a Vanderbilt HC Option Care IV Services

CN1803-012



State of Tennessee **Health Services and Development Agency**

Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243

www.tn.gov/hsda Phone: 615-741-2364/Fax:615/532-9940

June 5, 2018

Julie Koenig/Meggie Orama VP of Operations/Nurse Manager Option Care Infusion Services, LLC d/b/a Vanderbilt HC/Options Care IV Services 624 Grassmere Park Drive, Suite 22 Nashville, TN 37211

RE: Certificate of Need Application CN1803-012

Option Care Infusion Services, LLC d/b/a Vanderbilt HC/Options Care IV

Services

Dear Ms. Koenig and Orama,

As you know, I have piecemealed some questions together by email and via this letter consolidated those questions as I need clarification on several items before I can continue working on your summary to be presented to the Agency at its June 27 meeting.

Please submit responses in using this Word document by 4:00 p.m., Thursday, May 31, 2018. If the clarifying information requested in this letter is not submitted by or before this time, then the Summary may have multipole notes to Agency members that indicates that the applicant was unable to provide clarifying information.

1. Medicare Medicaid

Please confirm or correct the following statements:

- The pharmacy is Medicare certified and explain why the payor mix for the project is 70% Medicare and 30% Commercial
- **RESPONSE:**
- The home health agency is not Medicare or Medicaid certified. There will be no separate charge for the nursing service. Initially, these patients are not homebound and their drug is covered under Medicare Part D. The patient will be quoted a private pay cost for nursing and if unable to pay for nursing a Financial Hardship

Julie Koenig/Meggie Orama June 5, 2018 Page 2

Application will be given to the patient to apply for our Financial Assistance Program.

 With respect to Medicare patients, Option Care will provide nursing infusion services to Medicare patients until they become homebound. At that time, they will be transferred to a Medicare agency if possible. This ability to service becomes very limited due to agency capacity-agencies are not willing or do not have the staff. An alternate site of care after long-term progression of the disease may become required. Initially, these patients are not homebound. Their medication is covered under Part D.

My question regarding that is that I thought there was a shortage of Medicare certified agencies that are willing or able to provide infusion nursing services, which is part of your need argument. According to the 2017 Joint Annual Report there are only 10 agencies that serve one or more counties in your proposed service area that reported provided infusion nursing. Is there not really a shortage of Medicare certified agencies to provide infusion nursing to homebound Medicare patients?

Even if a Medicare patient was homebound, is it possible that there is a scenario where there are no Medicare certified agencies available that provide infusion nursing so that the Medicare certified agency provides all nursing services other than infusion nursing while Option Care provides the infusion nursing piece? Again, unless of course there is not really a shortage of Medicare certified agencies to provide infusion nursing to homebound Medicare patients.

RESPONSE:

After a long term disease progression there may be a need for an alternate site of care. The major usage/effectiveness of the drug Radicava is to slow the progression of the disease. It may take years for progression of the disease to a homebound status.

What agency (Option Care or a Medicare certified agency) provides infusion nursing to a homebound Medicare ALS patient in need of RADICAVA?

RESPONSE:

If the occasion arises, after possible years of progression, that a patient becomes homebound, then a Medicare certified agency will be required to service the patient or an alternate site of care may become necessary.

2. Agency History

When did Option Care acquire this agency? Was this acquired from Pharmaceutical Support Services of Franklin or a different agency? If different, which agency?

RESPONSE:

Julie Koenig/Meggie Orama June 5, 2018 Page 3

Option Care acquired Curascript IP in 2008, Nashville was part of this acquisition.

3. Reporting of Hours

I don't understand why Lonnie Matthews would have told you not to report hours, since infusion visits take multiple hours and other infusion providers are reporting hours. I will be copying this letter to Trent Sansing at the Department of Health, who is the supervisor for the Joint Annual Report.

RESPONSE:

I called and spoke to Lonnie Matthews, I inquired if we should report visits or hours because we are not Medicare certified. His instructions were to report visits. I pulled up the last JAR report and in the instructions there is a choice given- to either report Visits/and /or hours. I will be glad to go back and complete an addendum to provide hours. I will also be sure and report hours with the next JAR reporting.

4. Data Reporting Inconsistencies

I have found some inconsistencies between the application and the JAR. Please see the tables below and address these inconsistencies. Which data is correct?

As Reported in CON Application

Year	2015	2016	2017	
Patients	200	307	504	
Visits	1,308	1,733	2,284	

As Reported in JAR

Year	2015	2016	2017
Patients	309	91	296
Visits	1,048	24	1.505

RESPONSE:

I have pulled the JAR reports from 2015, 2016 and 2017. In review, it is noted that the reporting period overlapped in the 2015/2016 report by 2 months. Also, the CON application reports patients in a calendar year and the JAR reporting time frame is

Julie Koenig/Meggie Orama June 5, 2018 Page 4

not a calendar year. Also, in 2016, visits that were reported were "under 2 hours". In addition, hours that were reported reflected a total of 1,011 hours.

In the Projected Data Chart for the total agency you project 3,618 visits in Year 2019 and 4,173 Visits in Year 2020.

In the projected utilization on page 14 of the original application you project 2,863 visits in 2019 and 3,121 visits on 2020.

Please address this discrepancy. Which data is correct?

RESPONSE:

In review of the projected data chart it was recognized that the "total facility 2019 projection" represented the total facility (which includes the 755 project only patient visits).

The discrepancy is noted under "Facility + Project 2019" where finance reported "total facility" of 2863+755 project only. The figure 3618 is incorrect due to the 755 project only patient visits accounted for twice.

In review of the projected data chart it was recognized that the "total facility 2020 projection" represented the total facility (which includes the 1,052 project only patient visits).

The discrepancy is noted under "Facility + Project 2020" where finance reported "total facility" of 3,121+1,052 project only. The figure 4,173 is incorrect due to the 1,052 project only patient visits accounted for twice.

Should you have any questions or require additional information, please contact me.

Sincerely,

Mark A. Farber Deputy Director

	Visits
Facilty + Project	2020 4,17 3
Facilty + Project	3,618
Project Only	2020 1,052
Project Only F	2019 755
Total Facility	2020 Proj 3,121
Total Facility	2019 Proj 2,863
PROJECTED DATA CHART	Utilization Data (Specify unit of measure, e.g., 1000 patient days, 500 visits)

Supplemental #1 (Copy)

Option Care Infusion Services, LLC d/b/a Vanderbilt HC/Options Care IV Services

CN1803-012

March 21, 2018 3:05 P.M.



State of Tennessee Health Services and Development Agency

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Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243

www.tn.gov/hsda Phone: 615-741-2364/Fax:615/532-9940

March 21, 2018

Julie Koenig/Meggie Orama VP of Operations/Nurse Manager Option Care Infusion Services, LLC d/b/a Vanderbilt HC/Options Care IV Services 624 Grassmere Park Drive, Suite 22 Nashville, TN 37211

RE: Certificate of Need Application CN1803-012

Option Care Infusion Services, LLC d/b/a Vanderbilt HC/Options Care IV Services

Dear Ms. Koenig and Orama,

This will acknowledge our March 9, 2018 receipt of your application for a Certificate of Need for addition of 28 counties to an established home care organization limited to intravenous specialty care services. The principal office will be located at 624 Grassmere Park Dr., Suite 22, Nashville (Davidson County) Tennessee.

Several items were found which need clarification or additional discussion. Please review the list of questions below and address them as indicated. The questions have been keyed to the application form for your convenience. I should emphasize that an application cannot be deemed complete and the review cycle begun until all questions have been answered and furnished to this office.

<u>Please submit responses in triplicate by 4:00 p.m., Wednesday, March 21, 2018.</u> If the supplemental information requested in this letter is not submitted by or before this time, then consideration of this application may be delayed into a later review cycle.

1. Section A: Executive Summary, A. Overview

Please describe what infusion services are and the types of diseases these services treat.

RESPONSE:

Infusion therapy means that a drug is administered intravenously. Therefore, infusion services would be the administration of a drug that the physician has ordered to be administered intravenously. Infusion services are administered for diseases such as Crohn's Disease, Multiple Scleroses, some forms of

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arthritis, amyotrophic lateral sclerosis (ALS), immune deficiency such as common variable immunodeficiency, Myasthenia Gravis, and congestive heart failure.

Will the applicant only being serving patients who are in need of Radicava? If yes, will the applicant accept a condition on the CON limited to serving only patients in need of Radicava.

RESPONSE:

Option Care Infusion Services will provide administration of several types of specialty intravenous medications per physician order and is not limited to servicing only patients in need of Radicava.

2. Section A, Project Details, Item 5

The Operating Agreement identifies the company as Walgreens Infusion and Respiratory Services, LLC. The application identifies the management/operating entity as Option Care Infusion Services, LLC d/b/a Vanderbilt HC/Options Care IV Services.

Please address this discrepancy.

RESPONSE:

They are the same entity. The name of the company at the time the Operating Agreement was entered into on August 1, 2009 was Walgreens Infusion and Respiratory Services, LLC. The name of that entity was formally changed to Option Care Infusion Services, LLC on July 24, 2017 (see attached Written Consent of the Members) and the name change was the subject of a filing with the State of Tennessee, Department of State on August 7, 2017 (see attached filing documents). The d/b/a of the entity changed to Vanderbilt HC/Option Care IV Services on July 24, 2017 (see attached Written Consent of the Members) and that change was the subject of a filing with the State of Tennessee, Department of State on August 11, 2017 (see attached filing documents)

Attachment: Section A Project Details, Item 5

3. Section A, Project Details, Item 9

Please explain how the applicant has a contract with United Healthcare Community Plan and not have Medicaid/TennCare certification.

RESPONSE:

Option Care Infusion Services has a contract with United Healthcare who manages United Healthcare Community Plans. Option Care is a preferred provider under this contract. Option Care Infusion services for nursing is not contracted with Blue Cross/Blue Shield who manages TennCare.

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4. Section A, Project Details, Item 11, Home Health Organizations Under the existing licensed county column, it appears that the applicant may have inadvertently checked Benton instead of Bedford.

Please submit a revised chart with the corrected information.

Attachment Section A, Project Details, Item 11

5. Section B, Need, Item 1.a. (Project Specific Criteria-Home Health Services) Item #1 Determination of Need

It appears that there are miscalculations in the applicant's assessment of the need formula. According to the Department of Health, 63,093 home health patients were served in the proposed service area counties in 2016.

Please contact the Department of Health, Health Statistics, for a copy of the report that identifies home health need by county, review your calculations, and provide a revised home health need calculation for each of the proposed service area counties.

Attachment Section B, Need, Item 1.a. Item #1

6. Section B, Need, Item 1.a. (Project Specific Criteria-Home Health Services) Item #4 County Need Standard

If possible, please provide letters from the providers having difficulty placing patients that identify an estimate of how may infusion patients could be referred to the applicant if this CON is approved.

Attachment Section B, Need, Item 1.a.

7. Section B, Need, Item 1.a. (Project Specific Criteria-Home Health Services) Item #5 Current Service Area Utilization

Your response to this item is noted. It appears that the applicant has not captured all the home health agencies serving each of the proposed service area counties.

Attached is an excel spreadsheet that includes a list of all the home health agencies licensed to serve in at least one of the proposed service area counties.

Please revise your response to this item and provide utilization for each individual agency.

RESPONSE:

The agencies listed on chart are the only agencies that reported utilization on JAR report

Attachment Section B, Need, Item 1.a. Item #5

Please also review data for the past three JAR years identifying agencies that reported serving 5 or fewer service area patients for each of the last three years

8. Section B, Need, Item 1.a. (Project Specific Criteria-Home Health Services) Item #6 Adequate Staffing

What is the percentage of total staffing that the personnel available through staffing agencies represent?

RESPONSE:

Approximately 82% of the total staffing will be represented by staffing agencies. The other 18% will be through sub-contracts with established home health agencies.

9. Section B, Need, Item 1.a. (Project Specific Criteria-Home Health Services) Item #7 Community Linkage Plan

Please identify any formal referral arrangements or working agreements with specific service area providers.

RESPONSE:

Option Care Infusion has a state specific sales representative that has established relationships with numerous neurologists throughout the state of Tennessee. Option Care has a contract with MT Pharm for providing Radicava. Option Care has contracts with several payer sources for infusion nursing: Humana, Tricare, Aetna, Healthsprings, Cigna, and United Healthcare. Option Care Infusion is a preferred provider for United

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Healthcare. Option Care has established subcontracting agreements with Amotec Staffing, Camellia HH, NHC Home Care, Quality Pvt Duty, and Suncrest Pvt Duty.

10. Section B, Need, Item 1.a. (Project Specific Criteria-Home Health Services) Item #8 TennCare managed Care Organizations (MCOs) and Financial Viability

The referenced Attachment Section B. Need: A8 was not found in the application. Please provide a response to this criterion.

11. Section B, Need, Item 1.a. (Project Specific Criteria-Home Health Services) Item #9 Proposed Charges

The Charge Chart is noted. Please expand the chart to include all home health agencies licensed to serve in the proposed service area.

RESPONSE:

Since the applicant is limited to infusion nursing it is only necessary to report on charges from other providers that report infusion nursing services

If a home health agency does not report charges then calculate gross revenue per patient from the data on page 11 of the Home Health JAR.

RESPONSE:

According to the 2017 JAR only reported infusion services were used to provide information requested. There were 161 agencies completing data for JAR for 2017. However, there are 642 Home Health Agencies licensed to serve proposed counties. Of these 642 agencies, only very few reported infusion therapy.

12. Section B, Need, Item C.

Please discuss in detail how the applicant determined the patient origin mix for the proposed counties. Please also provide a total row for the Current and Projected Utilization by County charts

Please submit a revised map that not only identifies the proposed counties but also identifies the existing counties.

Attachment Section B, Need, Item C 1-2

March 21, 2018 3:05 P.M.

13. Section B, Need, Item D.

Please revise the demographic chart to reflect 2018 as the current year and 2021 the projected year.

Attachment Section B, Need, Item D

14. Section B, Need, Item E

Your response to this item is noted. Please complete the following chart for all home health agencies serving any county in the proposed service area that reports infusion nursing utilization in its 2017 JAR

Attachment Section B, Need, Item E

Agency	2015 Total Hours	2016 Total Hours	2017 Total Hours	'15-'17 % Change	2017 Infusion Hours	2017 Infusion Hours as a % of Total
				ê		
			-			
TOTAL						

Please also identify agencies that have CONs to provide infusion nursing home health services but have either not been implemented or have not been in operation long enough to have yet filed a JAR and serve at least one of the counties in the proposed service area.

RESPONSE:

Axela Care Health Solutions, LLC East Tennessee and Axela Care Health Solutions, LLC Middle Tennessee submitted CON's for infusion services in 2017.

This information is available from Alecia Craighead, HSDA Information and Data Analyst

Phone: 615-253-2782

Email: alecia.l.craighead@tn.gov.

15. Section B, Need, Item F

Supplemental #1 March 21, 2018 3:05 P.M.

Julie Koenig/Meggie Orama March 21, 2018 Page 7

Your response to this item is noted. Please submit a revised chart that also includes hours.

RESPONSE:

Option Care Infusion Services (formerly Walgreens Infusion) only reported visits due to our provision of intravenous therapy and not home health hours as directed by Lonnie Matthews, State of TN Department of Health

16 .Section B. Economic Feasibility Item A. Project Cost Chart

Will there be any legal or administrative costs associated with the proposed project? If yes, please submit a revised Project Cost Chart.

RESPONSE:

There will be no legal or administrative costs associated with the proposed project.

17. Section B. Economic Feasibility Item C. Historical Data Chart

Please identify the unit of utilization being used in Line A., e.g., patients, visits, hours, etc.

RESPONSE:

The unit of utilization used was nursing visits

Please explain why there are no provisions for charity care

RESPONSE:

Provisions for charity care are embedded in the Revenue number

Please explain why rent increases to \$409,335 in 2016 when Exhibit B-Rent Schedule in the lease agreement indicates that rent will be in \$230,000-\$250,000 range.

RESPONSE:

We relocated our facility, which drove an increase in rent expense for that facility. Additionally, this rent expense line in our income statement includes real estate taxes, along with rent and other real estate related fees (e.g. CAM fees). 2016 was when the applicant's principal office relocated from 500

> Wilson Pike Circle, Suite 115, Brentwood (Williamson County) to 624 Grassmere Park Drive, Suite 22, Nashville (Davidson County), TN 37211

Please explain why there are taxes in 2015 and 2016 but not in 2017

RESPONSE:

No 2017 tax expense was recorded for Vanderbilt due to an estimate of no Tennessee taxable income in the year. Once the 2017 return is completed (not until the fall of 2018), if a true-up is needed based on the actual filing, then a tax expense would be recorded at that point in time

Please provide the reasons for the depreciation increase between 2015 and 2017

RESPONSE:

We purchased more fixed assets related to the facility expansion/upgrade discussed above.

Please explain why there was a negative net balance in excess of \$1.5M in 2016.

RESPONSE:

In 2016, we made capital expenditures for fixed assets (discussed above) that exceeded the income we produced during that year.

18. Section B. Economic Feasibility Item D. Projected Data Chart (Project Only)

Please identify the unit of utilization being used in Line A., e.g., patients, visits, hours, etc.

RESPONSE:

Nursing visits were the unit of utilization used

Please explain why there are no provisions for contractual adjustments and charity care

RESPONSE:

Provisions for charity care are embedded in the revenue number- indigent and financial hardship cases include a contractual adjustment to bring net revenue to \$0.

March 21, 2018 3:05 P.M.

Please explain why no rent, management fees, and/or other operating expenses have been allocated to the proposed project.

RESPONSE:

We do not feel we need to open up a new facility in order to service the patients in the proposed counties. We have not forecasted additional operating expenses related to the project, since we do not see the need to open an additional physical location that would incur additional operating expenses.

19. Section B. Economic Feasibility Item D. Projected Data Chart (Total Facility)

Please identify the unit of utilization being used in Line A., e.g., patients, visits, hours, etc.

RESPONSE:

Nursing visits were the unit of utilization used

Please explain why there are no provisions for contractual adjustments and charity care

RESPONSE:

Provisions for charity care are embedded in the revenue number- indigent and financial hardship cases include a contractual adjustment to bring net revenue to \$0

Please explain why rent is projected to be \$506,805 when Exhibit B-Rent Schedule in the lease agreement indicates that rent will be in \$230,000-\$250,000 range.

RESPONSE:

We relocated our facility, which drove an increase in rent expense for that facility. Additionally, this rent expense line in our income statement includes real estate taxes, along with rent and other real estate related fees (e.g. CAM fees). 2016 was when the applicant's principal office relocated from 500 Wilson Pike Circle, Suite 115, Brentwood (Williamson County) to 624 Grassmere Park Drive, Suite 22, Nashville (Davidson County), TN 37211.

Please describe what is included in the \$(4,545) in other non-operating expenses.

RESPONSE:

This contains miscellaneous expenses and fees

20. Section B, Economic Feasibility, Item E.1)

Please explain why gross charges decline by approximately 80% between 2017 and 2018.

RESPONSE:

We do not project out contractual adjustments for budgetary purposes, so the Other Operating Revenue: Infusion Services line of Gross Operating Revenue is net of the Contractual Adjustments (which are separated out in the historical data). This is why the Gross Charge appears to be declining by 80% from 2017 to 2018, utilizing the formula provided.

Please explain why the net charge is expected to decline by over 22% between 2017 and 2020

RESPONSE:

The net charge shows a decline for the same reason that the gross charge shows a decline during the same timeframe. We do not project out contractual adjustments, so that line in the deductions section shows zero, which explains why the net charge shows a sharp decline.

21. Section B, Economic Feasibility, Item E.3)

The Charge Chart is noted. Please expand the chart to include all home health agencies licensed to serve in the proposed service area.

RESPONSE:

Since the applicant is limited to infusion nursing it is only necessary to report on charges from other providers that report infusion nursing services

The chart provided lists charges for the agencies that reported infusion nursing in the proposed service area. While the agencies that completed JAR serviced numerous home health patients, very few reported infusion nursing services.

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If a home health agency does not report charges then calculate gross revenue per patient from the data on page 11 of the Home Health JAR.

RESPONSE:

According to the 2017 JAR only reported infusion services were used to provide information requested. There were 161 agencies completing data for JAR for 2017. However, there are 642 Home Health Agencies licensed to serve proposed counties. Of these 642 agencies, only very few reported infusion therapy.

22 .Section B, Economic Feasibility, Item F.1)

Your response to this item is noted.

Please discuss how projected utilization will be sufficient to support the applicant's financial performance

RESPONSE:

We project utilization based on nursing visits, which is one of the drivers of our reimbursement revenue.

Please provide copies of the balance sheet and income statement from the most recent reporting period of the home health agency and the most recent audited financial statements with accompanying notes, if applicable.

Attachment Section B, Economic Feasibility, Item F.1

23. Section B, Economic Feasibility, Item F.3)

Please provide the capitalization ratio for the applicant and/or the applicant's owner

RESPONSE:

The capitalization ratio is 47.45% based on 2017 unaudited financial statements.

Please explain how the applicant's payor mix can be 70% Medicare when the applicant will not be Medicare certified.

RESPONSE:

March 21, 2018 3:05 P.M.

This percentage is based upon the identifying expected IGG patients to be Commercial (30% of the expansion) and the ALS patients to be Medicare (70% of the expansion). This is for the project portion only.

24. Section B, Economic Feasibility, Item H.

The existing home health agency direct patient care staff to serve patients in 33 counties is reported at 44. Please explain how the hiring of only 4 more FTES direct patient care staff will be enough to serve patients in 28 additional counties.

RESPONSE:

While we will be expanding to include these underserviced counties into our CON, we will be subcontracting agencies already with ties to the local area for services under our CON. This is, in part, due to insurance agency innetwork benefits that we can provide to the patients that other companies would have to charge the patient out-of-network rates

25. Section B, Economic Feasibility, Item I.

Please explain the impact of the proposed project not being implemented.

RESPONSE:

The impact of the proposed project not being implemented would be to delay or deny services to many patients that would benefit from in-home therapy. This is both emotionally and financially impacting those patients. Many of these patients can have a great quality of life by being able to receive infusion services in their own homes, on their schedules, around work/family activities.

26. Section B, Orderly Development, Item B.

Please discuss the impact of the proposed project on any existing providers of infusion nursing currently serving any of the counties in the proposed service area.

RESPONSE:

Implementation of the proposed project will not have any impact on existing providers. The existing providers of specialty infusion nursing are not in network with MT Pharm to provide Radicava. In addition, the need for specialty infusion services to administer specialty drugs (e.g. immunoglobulin therapy-IVIG, remicade, etc) far outweighs the available resources available to provide this service.

27. Section B. Quality Measures

Please discuss the applicant's commitment to the proposal in meeting appropriate quality standards by addressing each of the following factors:

(a) Whether the applicant commits to maintaining an actual payor mix that is comparable to the payor mix projected in its CON application, particularly as it relates to Medicare, TennCare/Medicaid, Charity Care, and the Medically Indigent;

RESPONSE:

Option Care Infusion Services is committed to maintaining a payor mix that is projected in the CON application.

(b) Whether the applicant commits to maintaining staffing comparable to the staffing chart presented in its CON application;

RESPONSE:

Yes, we commit to maintaining staffing comparable to the staffing chart presented.

(c) Whether the applicant will obtain and maintain all applicable state licenses in good standing;

RESPONSE:

Option Care Infusion Services will maintain all applicable state licenses in good standing.

- (d) Whether the applicant will obtain and maintain TennCare and Medicare certification(s), if participation in such programs was indicated in the application; N/A
- (e) Whether an existing healthcare institution applying for a CON has maintained substantial compliance with applicable federal and state regulation for the three years prior to the CON application. In the event of non-compliance, the nature of non-compliance and corrective action shall be considered

RESPONSE:

Option Care Infusion has maintained compliance with applicable federal and state regulation for the past 3 years

(f) Whether an existing health care institution applying for a CON has been decertified within the prior three years. This provision shall not apply if a new, unrelated owner applies for a CON related to a previously decertified facility;

RESPONSE:

Option Care Infusion has not been decertified within the prior three years

(g) Whether the applicant will participate, within 2 years of implementation of the project, in self-assessment and external peer assessment processes used by health care organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve

RESPONSE:

Option Care is committed to self-assessment and external peer assessment processes used by health care organizations to ensure accurate assessment of our level of performance as it relates to established standards and will apply continuous quality improvement.

- (h) Whether the applicant will participate, within 2 years of implementation of the project, in self-assessment and external peer assessment processes used by health care organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve.
- 1. This may include accreditation by any organization approved by Centers for Medicare and Medicaid Services (CMS) and other nationally recognized programs. The Joint Commission or its successor, for example, would be acceptable if applicable.

RESPONSE:

3:05 P.M.

Option Care Infusion Services is accredited by the Joint Commission for Health Care

2. Other acceptable accrediting organizations may include, but are not limited to, the following:

Community Health Accreditation Program, Inc., Accreditation Commission for Health Care, and/or other accrediting body with deeming authority for home health services from CMS and participation in the Medicare Quality Initiatives, Outcome and Assessment Information Set, and Home Health Compare, or other nationally recognized accrediting organization, for Home Health projects;

(i)For Home Health projects, whether the applicant has documented its existing or proposed plan for quality data reporting, quality improvement, and an outcome and process monitoring system;

RESPONSE:

Option Care has documented its existing plan for quality data reporting, quality improvement, and an outcome and process monitoring system

28. Project Completion Chart

The Project Completion Chart is noted. If this application is deemed complete by March 29, this application will be scheduled to be heard on June 27. Please submit a revised Project Completion Forecast Chart and include June 27, 2018 for "1. Initial HSDA decision date".

See attached

13. Proof of Publication

It appears that the Sparta Expositor did not publish the Letter of Intent by March 10. Please note that because of this, the applicant will have to remove Van Buren County for consideration in this application.

See attached- Van Buren County has been removed from proposed counties

March 21, 2018 3:05 P.M.

In accordance with Tennessee Code Annotated, §68-11-1607(c) (5), "...If an application is not deemed complete within sixty (60) days after written notification is given to the applicant by the agency staff that the application is deemed incomplete, the application shall be deemed void." For this application the sixtieth (60th) day after written notification is May 11, 2018. If this application is not deemed complete by this date, the application will be deemed void. Agency Rule 0720-10-.03(4) (d) (2) indicates that "Failure of the applicant to meet this deadline will result in the application being considered withdrawn and returned to the contact person. Re-submittal of the application must be accomplished in accordance with Rule 0720-10-.03 and requires an additional filing fee." Please note that supplemental information must be submitted timely for the application to be deemed complete prior to the beginning date of the review cycle which the applicant intends to enter, even if that time is less than the sixty (60) days allowed by the statute. The supplemental information must be submitted with the enclosed affidavit, which shall be executed and notarized; please attach the notarized affidavit to the supplemental information.

If all supplemental information is not received and the application officially deemed complete prior to the beginning of the <u>next review cycle</u>, then consideration of the application could be delayed into a later review cycle. The review cycle for each application shall begin on the first day of the month after the application has been deemed complete by the staff of the Health Services and Development Agency.

Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. 3 68-11-1607(d):

- (1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.
- (2) All communications between the contact person or legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have any questions or require additional information, please contact this office.

Sincerely,

Supplemental #1

March 21, 2018 3:05 P.M.

Julie Koenig/Meggie Orama March 21, 2018 Page 17

Mark A. Farber Deputy Director ATTACHMENT: SECTION B, NEED, ITEM 1.a.



Chad,

Based on our current IVIG census and projected home healthcare needs for IVIG infusions in the home, we can project the need for upwards of 10 patients for the remainder of the year.

It is imperative that our patients receive high level of home healthcare nursing on an ongoing basis.

Susan Bracey FNP, MSN, BSN Affiliated Neurology

NPI: 1871692608 License: APN7439



Mohammad Hussain, MD NPI: 1699773747

Chad,

Our current patient population needing IVIG treatment in the home averages 3 patients per month. We cannot see this decreasing in the future. In fact, based upon our increased patient census in our area of Tennessee, we project this number will increase going forward.

Thank you,

Jenna Helton, CCMA

657 E Broadway Blvd Ste C Jefferson City, TN 37760 Mohammad Hussain MD



MARTIN H WAGNER, MD 5651 FRIST BLVD SUITE 413 HERMITAGE, TN 37076-2054

Chad,

My practice's continued need for IVIG treatments in the safe environment of the patient's home will require home healthcare services conservatively for upwards of 8 patients going forward for this year.

We need to ensure our patients in rural areas that frequently are not able to be serviced by home healthcare agencies on a consistent basis, have the ability to receive the necessary care to ensure great patient outcomes.

Sincerely,

m H Wagner, MD

NPI: 1538172077

ATTACHMENT SECTION B, NEED, ITEM 1.a. ITEM #5

Health Statistics ID	Agency County	Agency	2017 Patients Serviced
01032	Anderson	Clinch River Home Health	369
01052	Anderson	The Home Option by Harden Health Care	144
01042	Anderson	Professional Case Management of Tennessee	346
05012	Blount	Blount Memorial Hospital Home Health Services	1,627
06043	Bradley	Family Home Care, Cleveland	2,995
06063	Bradley	Home Health Care of East Tennessee, Inc.	1,624
24026	Fayette	NHC Homecare	265
24036	Fayette	Where The Heart Is, Inc.	871
33103	Hamilton	Amedisys Home Health	5,261
33253	Hamilton	- CHI Memorial Hospital Home Health	3,296
33213	Hamilton	Continucare Healthservices, Inc I	1,338
33383	Hamilton	Erlanger Continucare Home Health	5
33083	Hamilton	Guardian Home Care, LLC	2,000
33363	Hamilton	Home Care Solutions	545
33093	Hamilton	Kindred at Home	1,769
33433	Hamilton	Maxim Healthcare Services	113
33033	Hamilton	NHC Homecare	379
33423	Hamilton	Optum Womens and Childrens Health, LLC	46
33303	Hamilton	Tennessee Home Health	544
36025	Hardin	Deaconess Homecare	1,016

36035	Hardin	Hardin Medical Center Home Health	476
38015	Haywood	Careall Homecare Services	470
			947
47202	Knox	Amedisys Home Health Care	0.513
47062	Knox	Camellia Home Health of East Tennessee, LLC	8,513
+7002	KIIOX	Carriella Mottle Median of East Termessee, East	2,119
47232	Knox	Careall Home Care Services	
			391
	Knox	*Coram CVS Speciality Infusion Services	
47402	Knox	Covenant Homecare	
47 4 02	RIOX	Covernant Homecure	5,024
47222	Knox	East Tennessee Childrens Hospital Home Health Care	
			669
	Knox	*Implanted Pump Management	
47042	Knox	Kindred at Home	
47042	KIIUX	Killuled at Hollie	194
47432	Knox	Maxim Healthcare Services, Inc.	
			308
47012	Knox	NHC Homecare	0.54
47092	Knox	Tennova Healthcare Home Health	961
47092	KIIOX	Termova nearthcare nome nearth	9,562
47132	Knox	UTMCK-Home Care Services: Hospice & Home Care	-/
			2,534
54043	McMinn	NHC Homecare	
C20F2	N4=====	Intervid UCA Hardthann Consists	343
62052	Monroe	Intrepid USA Healthcare Services	543
62062	Monroe	Sweetwater Hospital Home Health	345
		·	589
79456	Shelby	Accredo Health Group, Inc.	
70446	CI II	- Control of the cont	40
79146	Shelby	Amedisys Home Care	1,286
79246	Shelby	Amedisys Home Health Care	1,200
, , , , , , , , , , , , , , , , , , , ,	0.1.0.2,	7.1.702.07.07.102.07.00.00	1,384
79386	Shelby	Amedisys Tennessee, LLC	
			3,113
79256	Shelby	Americare Home Health Agency, Inc.	774
	Shelby	*AxelaCare Health Solutions	774
	Jueiby	Weidegle Health Soldholls	_

79276	Shelby	Baptist Home Care and Hospice	3,320
79446	Shelby	*Baptist Trinity Home Care - Private Pay Division	2
79546	Shelby	Best Nurses, Inc.	62
79556	Shelby	Coram CVS/Speciality Infusion Service	35
79496	Shelby	Functional Independence Home Care, Inc.	66,729
	Shelby	*Hemophilia Preferred Care of Memphis, Inc.	_
79486	Shelby	Home Health Care of West Tennessee, Inc.	787
79376	Shelby	Homechoice Health Services	1,544
79226	Shelby	Intrepid USA Healthcare Services	20,817
79536	Shelby	Maxim Healthcare Services, Inc.	266
79106	Shelby	Meritan, Inc.	705
79316	Shelby	Methodist Alliance Home Care	3,655
79506	Shelby	No Place Like Home, Inc.	97
79466	Shelby	Optum Womens and Childrens Health	390
79136	Shelby	Quality Home Health Services	445
79526	Shelby	Still Waters Home Health Agency	701
79236	Shelby	Willowbrook Visiting Nurse Association, Inc.	904
	ionts Sondes	d by Licensed Home Health Agencies in Requested Counties	1

ATTACHMENT SECTION B.NEED: A8

197

Mareth 247,t**20:16**n B. Need: A8 **3:05 P.M.**

Total Project 2019

Payor Source	Projected Gross Operating Revenue	As a % of Total
Medicare/Medicare Managed Care	3,563,993	70%
TennCare/Medicaid	-	0%
Commercial/Other Managed Care .	1,527,628	30%
Self-Pay	-	- 0%
Charity Care	-	. 0%
Other (Specify)		0%
Total	5,091,621	100%

ATTACHMENT SECTION B, NEED, ITEM C 1-2

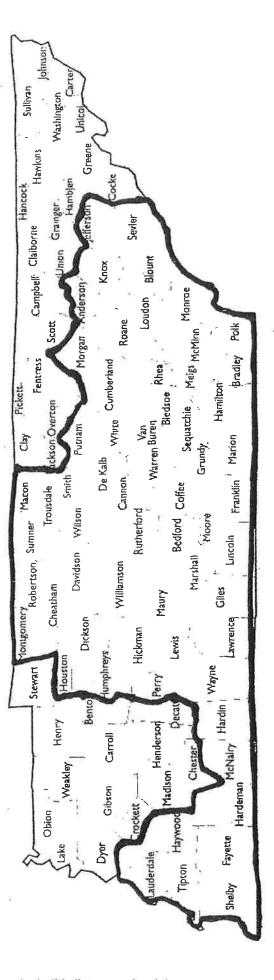
March 21, 2018

Anderson	4 4	
Bledsoe		H
Blount	9	
Bradley	6	
Cumberland	4	_
Fayette	.	
Hamilton	19	
Hardeman	2	L
Hardin	2	
Haywood		
Jefferson	ပ	
Knox	32	
_auderdale	2	
oudon	ယ	
McMinn	ယ	Ш
McNairy	2	
Marion	. 2	L
Meigs	1	_
Vlonroe	ω	
Morgan	2	_
Polk		_
Rhea	2	
Roane	ယ	_
Sequatchie	1	
Sevier	6	
Shelby	38	
inton	4	_

Please complete the following tables, if applicable:

Service Area Counties	Current County Utilization-County Residents	% Total Procedures
Bedford	2	2%
Cannon	0	0
Cheatham	3	3.30%
Coffee	3	3.30%
Davidson	21	23%
DeKalb	1	1%
Dickson	1	1%
Franklin	3	3.30%
Giles	0	0
Grundy	1	1%
Hickman	1	1%
Houston	0	0%
Humphreys	2	2%
Lawrence	1	1%
Lewis	0	0%
Lincoln	0	0%
Macon	2	2%
Marshall	1	1%
Maury	1	1%
Montgomery	7	7.70%
Moore	0	0%
Perry	0	0%
Putnam	0	0%
Robertson	2	2.20%
Rutherford	6	6.60%
Smith	0	0%
Sumner	7	7.60%
Trousdale	0	0.00%
Warren	1	1%
Wayne	1	1%
White	0	0.00%
Williamson	13	14.20%
Wilson	8	8.80%

March 21, 2018 Section B, Need, Item C1-2 3:05 P.M.



County Level Map

ATTACHMENT SECTION B, NEED, ITEM D

ATTACH**WEW OF 21**0, NEO 48ED, ITEM D 3:05 P.M.

	Van	derbilt HC	Option Ca	re Infusion	Services,	LLC		
		Historic an	d Projected	Utilizatio	n 2014-2021	Ĭ		
	2014	2015	2016	2017	2018*	2019*	2020*	2021*
Patients	426	200	307	504	580	632	689	751
Visits	1257	1308	1733	2284	2627	2863	3121	3401

PATIENTS:

The patient growth rate from 2016 to 2017 was 64%. Based on the trend from the past 4 years and the potential new business from expanding services, a growth rate of 15% was applied to 2018. Based on the anticipated growth of the home infusion industry, the forecasted patients for 2019 though 2021 reflect a 9% growth rate.

VISITS:

The visit growth rate from 2015 to 2016 and from 2016 to 2017 held steady at 32%. As noted above, a growth rate of 15% was applied to 2018, and the forecasted visits for 2019 and 2021 reflect a 9% growth rate.

																		Mark Mark			_	_	_	:0	_	-		-		_	_		-
OCIVICO AIGO IOGO	Contino Area Total	Lipton	onelby .	Cholhu	Sevier	Sequatchie	Roane	Rhea	Polk	Morgan	Monroe	Meigs	Marion	McNairy	McMinn	Loudon	Lauderdale	Knox	Jefferson	Haywood	Hardin	Hardeman	Harrinton	Hayette	Cumpendio	Cimborland	Rradlev	Blount	Bledsoe	Anderson	County		
2014 303	2 014 955	067,70	070,00	050 361	101.144	15,835	55,630	33,934	17,442	23,402	47,980	12,221	29,412	27,179	54,449	54,261	20,000	400,340	100,714	10,410	70,007	27,12	27 283	356 156	44.637	61 910	105.549	133,236	13,273	77,667	2016	Population	· Iotal
+	43 724	1,000	1,000	14	1,517	238						200	442	408	118	110	400	0,990	6 005	Ara Ara	376	200	409	5.342	870	929	1,583	1,999	199	1,165	91.07	Estimate	Need
1	2.941.348	17.00	1		102,998	16,125	55,813	34,202	17,330	20,020	10,01	12,200	200000	70,007	07,700	50,102	55,100	28 700	473 075	56 406	18 348	26 618	27.287	359,331	45 626	62,847	106,600	134,882	. 13,333	/8,026	7017	Population	Total
1	44,120		1	14,472	1,545									445			828	430	7			399	409	5,390	684	943	1,599	2,023	200	1,170	1000	Estimate 2017	Need
	2,967,448			970,212	104,829	GGC'01.	00,000	04,000	37 282	17 697	23.848	49 048	19 345	29.810	27 486	55 100	56.118	28,930	477.780	57,073	18.274	26,680	27,284	362,471	46,608	63,778	107,651	136,505	10,07	10,007	70 207	2018	lotal
104,408	\dashv		1,039	14,553		T		1	510	264	358	736	185	447	412	827	842	434	7,167	856	274	400	409	5,437	699	957	1,010	7,040	2000	201	1 176	2018	Datimata
7,037,025				9											27,625	55,411	57,017	29,055	483,425	57,733	18,198	26,743	27,279	365,577	47,573	64,687	00,07	108 670	138 116	13 437	78 731	2019	Population
105,555	Н		1,053		1	_				266	361		186		414	831	855	436	7,251	866	273	401	409	5,484	/14	9/0	070	1 630	2 072	202	1.181	2019	Estimate
1,112,424	ω		71,196	c c	1	1			35,216	17,812						55,724	57,923	29,186	488,993	58,372	18,128	20,783	27,210	368,666	48,510	00,070	65 575	109.706	139.725	13,481	79,061	2020	Population
100,000	T		1,000	I	14715	1,627		845	528	267		751			416	836	898	438	7,330	2005	2/2	204	403	5,530	250	728	984	1,646	2,096	202	1,186	2020	Estimate

Population data obtained from TN Department of Health population projections (https://www.tn.gov/health/health-program-areas/statistics/health-data/c Need estimated based on 1.5% of total population

Supplemental #1

March 21, 2018 3:05 P.M.

ATTACHMENT SECTION B, NEED, ITEM E

Supplemental #1

AMarrich Station 18, Need, Item E 3:05 P.M.

14. Section B, Need, Item E

Agency	2015 Total Hours	2016 Total Hours	2017 Total Hours	'15-'17 % Change	2017 Infusion Hours	2017 Infusion Hours as a % of Total
Suncrest Home Health			37,814		93	0%
Coram CVS Speciality Infusion			1,514		4	0%
Services Maxim Healthcare Services			176,315	× 1	33	0%
Coram CVS Specialty Infusion			467		301	64%
Still Waters Home Health Agency			22,970		2	0%
Coram CVS/Speciality Infusion			958		770	
Service TOTAL			240,038		1,203	1%

AxelaCare Health Solutions, LLC East Tennessee and AxelaCare Health Solutions, LLC Middle Tennessee submitted CON's for infusion services in 2017.

Supplemental #1 March 21, 2018 3:05 P.M.

ATTACHMENT: ECONOMIC FEASIBILITY, ITEM F.1

Section B, Economic Feasibility, Item F.1 3:05 P.M.

Option Care Infusion Services, L.L.C.

Financial Statements as of and for the period ended December 31, 2017 (Unaudited)

OPTION CARE INFUSION SERVICES, L.L.C BALANCE SHEET (DOLLARS IN THOUSANDS)

<u>\$</u>	Decemb	per 31, 2017
ASSETS	2	
CURRENT ASSETS:		
Cash and cash equivalents	\$	282
Accounts receivable, net	÷(6,623
Inventories, net		736
Other current assets		214
Property and equipment, net		1,298
TOTAL ASSETS	\$	9,153
LIABILITIES AND SHAREHOLDER'S EQUITY		
LIABILITIES:		
Accounts payable	\$	342
Other liabilities		1,817
Total liabilities		2,159
Shareholder's equity		6,994
TOTAL LIABILITIES AND SHAREHOLDER'S EQUITY	\$	9,153

Supplemental #1 March 21, 2018 3:05 P.M.

OPTION CARE INFUSION SERVICES, L.L.C STATEMENT OF OPERATIONS (DOLLARS IN THOUSANDS)

		Year	Ended
		12 mor	ths ended
		Decemb	er 31, 2017
NET REVENUES		\$	27,805
COST OF NET REVENUES:			17,917
Cost of goods sold Cost of services provided			2,763
Total cost of net revenues			20,680
GROSS PROFIT			7,125
OPERATING COSTS AND EXPENSES:			
Wages and related costs Provision for doubtful accounts			2,280 1,514
Depreciation			356
Other SG&A expenses	W 19	<u> </u>	900
Total operating expenses			5,049
OPERATING INCOME			2,076
OTHER EXPENSE			984
INCOME BEFORE INCOME TAXES	40		1,091
INCOME TAX EXPENSE			
NET INCOME		<u>\$</u>	1,091

Supplemental #1

March 21, 2018 3:05 P.M.

OPTION CARE INFUSION SERVICES, L.L.C CONDENSED STATEMENTS OF CASH FLOW (DOLLARS IN THOUSANDS)

	Year Ended
×	12 months ended
	December 31, 2017
CASH FLOWS FROM OPERATING ACTIVITIES:	
Net income	1,091
Adjustments to reconcile net income to net cash (used in) provided by	
operations:	
Depreciation and amortization expense	339
Changes in operating assets and liabilities:	
Accounts receivable, net	(2,114)
Other assets	(87)
Inventories, net	(294)
Accounts payable	230
Other liabilities	852
Net cash provided by operating activities	17_
CASH FLOWS FROM INVESTING ACTIVITIES:	
Acquisition of property and equipment	(74)
	(74)
Net cash used in investing activities	(74)
NET INCREASE IN CASH AND CASH EQUIVALENTS	
Net increase (decrease) in cash and cash equivalents	(57)
Cash and cash equivalents at the beginning of the period	339
CASH AND CASH EQUIVALENTS AT THE END OF PERIOD	\$ 282

PROJECT COMPLETION FORECAST CHART

Assuming the Certificate of Need (CON) approval becomes the final HSDA action on the date listed in Item 1. Below, indicate the number of days from the HSDA decision date to each phase of the completion forecast. NA

Phase	<u>Days</u> <u>Required</u>	Anticipated Date [Month/Year]
Initial HSDA decision date		June 27,2018
Architectural and engineering contract signed		
Construction documents approved by the Tennes Department of Health	ssee	
4. Construction contract signed	The Paris of the Control of the Cont	
5. Building permit secured		
6. Site preparation completed		
7. Building construction commenced		
8. Construction 40% complete		
9. Construction 80% complete		
10. Construction 100% complete (approved for occupancy		
11. *Issuance of License		July 2018
12. *Issuance of Service		August 2018
13. Final Architectural Certification of Payment		
14. Final Project Report Form submitted (Form HR0055)		

^{*}For projects that <u>DO NOT</u> involve construction or renovation, complete Items 11 & 12 only.

NOTE: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date

213 **AFFIDAVIT**

Supplemental #1 March 21, 2018 3:05 P.M.

STATE OF ILLINOIS	
COUNTY OF LAKE	

NAME OF FACILITY:	OPTION CARE DIFUSION SERVICES LLC	
	doa VANISERBALT HC/OPTION CARE IN SERVICES	

I, MICHAEL STUDIES, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Signature/Title

Sworn to and subscribed before me, a Notary Public, this the <u>Joth</u>day of <u>Marcell</u>, 20<u>18</u>, witness my hand at office in the County of <u>LAKE</u>, State of <u>TLINORS</u>

NOTARY PUBLIC

My commission expires OCTOBER 18 , 2020

"Official Seal"
MARGARET A. KASE
Notary Public, State of Illinois

My Commission Expires 10/18/20

PRESIDENT + CFD

HF-0043

Revised 7/02

Supplemental #2 (Copy)

Option Care Infusion Services, LLC d/b/a Vanderbilt HC/Options

CN1803-012

March 28, 2018 10:12 am



State of Tennessee Health Services and Development Agency

Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243

www.tn.gov/hsda Phone: 615-741-2364/Fax:615/532-9940

March 27, 2018

Julie Koenig/Meggie Orama VP of Operations/Nurse Manager Option Care Infusion Services, LLC d/b/a Vanderbilt HC/Options Care IV Services 624 Grassmere Park Drive, Suite 22 Nashville, TN 37211

RE: Certificate of Need Application CN1803-012

Option Care Infusion Services, LLC d/b/a Vanderbilt HC/Options Care IV

Services

Dear Ms. Koenig and Orama,

This will acknowledge our March 21, 2018 receipt of supplemental information to your application for a Certificate of Need for addition of 28 counties to an established home care organization limited to intravenous specialty care services. The principal office will be located at 624 Grassmere Park Dr., Suite 22, Nashville (Davidson County) Tennessee.

Several items were found which need clarification or additional discussion. Please review the list of questions below and address them as indicated. The questions have been keyed to the application form for your convenience. I should emphasize that an application cannot be deemed complete and the review cycle begun until all questions have been answered and furnished to this office.

Please submit responses in triplicate by 12:00 p.m., Wednesday, March 28, 2018. If the supplemental information requested in this letter is not submitted by or before this time, then consideration of this application may be delayed into a later review cvcle.

March 28, 2018 10:12 am

1. Section A, Project Details, Item 9

Is the applicant TennCare/Medicaid certified?

Does United Healthcare Community Plan contract with TennCare? Is this a TennCare plan or commercial insurance plan?

Does the applicant contract with any TennCare plans?

RESPONSE:

Option Care Home Infusion is not TennCare/Medicaid certified.

United Healthcare Community Plan is managed by United Healthcare commercial plan.

Option Care Home Infusion is not contracted with any TennCare plans. However, Our United Healthcare agreement covers both Commercial and TennCare members. We are contracted through United to support the TennCare program. Option Care is a preferred provider for United Healthcare.

2. Section B, Need, Item 1.a. (Project Specific Criteria-Home Health Services) Item #1 Determination of Need

The referenced Attachment Section B, Need, Item 1.a. was not included. Please provide this information.

In your response please be sure to identify the gross need, projected patients to be served, and the net need or surplus in each of the counties within your proposed service area.

RESPONSE:

Refer to Attachment Section B, Need, Item 1.a.

Note this report identifies home health patients that received various therapies such as Physical Therapy, Speech Therapy, Occupational Therapy and Skilled Nursing Therapy. The Need for infusion therapy services is not separate.

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3. Section B, Need, Item 1.a. (Project Specific Criteria-Home Health Services) Item #5 Current Service Area Utilization

Your response to this item is noted but remains incomplete. The large majority of the agencies identified on the list of service area agencies provided in my last email do submit a Joint Annual Report. This includes agencies that do not have home offices in one of the proposed service area counties but are licensed to serve at least one of the service area counties.

Please provide information for all the home health agencies licensed to serve one or more of the proposed service area counties.

The utilization information provided should focus on reporting whether or not an agency provides infusion services and if they do, how many patients/visits/hours of service were provided.

Attachment Section B, Need, 1.a. Item #5

4. Section B, Need, Item 1.a. (Project Specific Criteria-Home Health Services) Item #9 Proposed Charges

Your response to this item is noted. Please provide charge or gross revenue/patient data for all home health agencies that provide infusion services.

Attachment Section B, Need, 1.a. Item #9

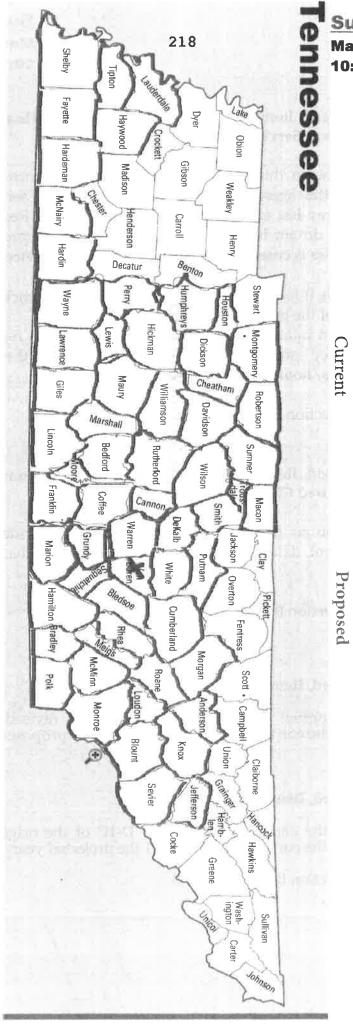
5. Section B, Need, Item C.

The map submitted is noted. Please submit a revised map that clearly distinguishes the current counties served from the proposed counties.

6. Section B, Need, Item D.

Please revise the chart in Attachment: D-1C of the original application to reflect 2018 as the current year and 2021 the projected year.

Attachment Section B, Need, Item D



Supplemental #2

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7. Section B, Need, Item E

If three are any agencies added in your response to Question #3 above, be sure to include any home health agencies here that performed infusion services in 2017.

Agency	2015 Total Hours	2016 Total Hours	2017 Total Hours	'15-'17 % Change	2017 Infusion Hours	2017 Infusion Hours as a % of Total
Maxim Healthcare Services	177,274	166,081	176,315	-1%	117	0%
Coram CVS/Specialty Infusion Service	11	142	958	8609%	958	100%
Still Waters Home Health Agency	0	168	22,970	N/A	2	0%
TOTAL	177,285	166,391	200,243	13%	1,077	1%

8. Section B, Economic Feasibility, Item E.3)

Your response to this item is noted. Please provide the charges, or if not available, the gross revenue per patient/visits/hours from the data on page 11 of the Home Health JAR for all home health agencies that performed infusion services in 2017.

Attachment Section B, Economic Feasibility, Item E.3)

9. Section B, Economic Feasibility, Item F.3)

Please provide the calculations that lead to the capitalization ratio of 47.45%.

On page 7 of the original application, the applicant did not include a Medicare provider number and indicated that Medicare certification would not be sought. Please explain how the applicant can receive Medicare reimbursement that accounts for 70% of gross revenue when the applicant is not Medicare certified.

Attachment B, Economic Feasibility, Item F.3)

Option Care Infusion is not Medicare certified and will not seek Medicare certification for nursing services at this time. This information was provided to explain how nursing services are embedded in the reimbursement to our pharmacy department, covered under Medicare, to ensure support of the services provided by nursing.

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10. Proof of Publication

The referenced attachment referring to the removal of Van Buren County from the list of proposed counties was not included.

Attachment: Home Health Care Organizations

RESPONSE:

Note that Van Buren County has been removed from the proposed licensed county chart and all table calculations.

In accordance with Tennessee Code Annotated, §68-11-1607(c) (5), "...If an application is not deemed complete within sixty (60) days after written notification is given to the applicant by the agency staff that the application is deemed incomplete, the application shall be deemed void." For this application the sixtieth (60th) day after written notification is May 11, 2018. If this application is not deemed complete by this date, the application will be deemed void. Agency Rule 0720-10-.03(4) (d) (2) indicates that "Failure of the applicant to meet this deadline will result in the application being considered withdrawn and returned to the contact person. Re-submittal of the application must be accomplished in accordance with Rule 0720-10-.03 and requires an additional filing fee." Please note that supplemental information must be submitted timely for the application to be deemed complete prior to the beginning date of the review cycle which the applicant intends to enter, even if that time is less than the sixty (60) days allowed by the statute. The supplemental information must be submitted with the enclosed affidavit, which shall be executed and notarized; please attach the notarized affidavit to the supplemental information.

If all supplemental information is not received and the application officially deemed complete prior to the beginning of the <u>next review cycle</u>, then consideration of the application could be delayed into a later review cycle. The review cycle for each application shall begin on the first day of the month after the application has been deemed complete by the staff of the Health Services and Development Agency.

Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. • 68-11-1607(d):

(1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be

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prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.

(2) All communications between the contact person or legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have any questions or require additional information, please contact this office.

Sincerely,

Mark A. Farber Deputy Director

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ATTACHMENT SECTION B, NEED, ITEM 1.a. ITEM #1

#County	Total Population 2017	Need Estimate 2017	2016 Patients Served by Existing Agencies	Additional Need not Served
Anderson	78,026	1,170	2,669	(1,499)
Bledsoe	13,333	200	382	(182)
Blount	134,882	2,023	2.742	(719
Braziley	106,600	1,599	2.606	(1,007
Cunba land	62,847	943	1.711	(788)
Haffette H	45,626	684	753	9
na nilitan	359,331	5,390	6.723	(1 222
Handeman	27,287	409	886	(477
Hardin	26,618	399	1.158	(750)
Haywood	18,348	275	538	(263
Jefferson	56,406	846	1,675	(829)
Knox	472,075	7,081	8,230	(1.149)
Lauderdale	28,799	432	923	(401
Loudon	55,192	828	1.690	(288)
WicMinn	54,783	822	1.614	7007
McNairy	27,337	410	1.267	(857
Markon	29,649	445	589	(144)
Meigs	12,285	184	370	(186)
Wonroe	48,511	728	1,440	(712)
Morgan	23,626	354	494	(140
POIK	17,538	263	406	(143
Rospo	34,262	514	744	(230
Seguiatohio	55,873	837	2,064	(1,227
Sevier	16,125	242	386	(144
Shellow	866,201	1,545	2,345	(800
Tipton	964,804	14,472	17,150	(2,678)
Service Area Total	2 00,247	1,024	1,348	(324)
State of TN Total	0.000,100	402 207	62,903	(18,783

Population data obtained from TN Department of Health population projections (https://www.tn.gov/health/health-program-areas/statistics/health-da Need estimated based on 1.5% of total population

Additional Need not Served represents patients that could be served in the future. Calculated as [Need Estimate 2017] Patients served by existing agencies was obtained from the Report 6: Patient Origin by Base County in the 2016 JAR [2016 Patients Served by Existing Agencies

This suggests the need estimate is extremely conservative

This Report of Need does not differentiate the need for infusion services.

ATTACHMENT SECTION B, NEED, 1.a. ITEM # 5

Home Health	Agencies License	ad to Serve Listed Counties	225				arch 28	menta 3, 2018	
(v)	*** * ****** * *		- 1	*	- -	10	:12 am		
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1903					ř	1	ī	1	1
j	4) U		i				i .		i
Agency County		Agency	1	Туре	Patien ts	Total Visits	Infusi on Visits	Hours	nfusi on lours
ř.	*						· • !		6

Andersor	
Anderson	THE THIRD THE CONTROL OF THE CONTROL
Anderson	
Blount	Blount Memorial Hospital Home Heal Home No infusion services on 2017 JAR No infusion services on 2017 JAR
Bradley	Family Home Care - Cleveland Home No infusion services on 2017 JAR
Bradley	Home Health Care of East Tennessee, Both No infusion services on 2017 JAR
Campbell	
Claiborne	
Clay	Cumberland River Homecare Home Not applicable in proposed project
Cocke	Smoky Mountain Home Health & Hos Both Not applicable in proposed project
Coffee	Suncrest Home Health Home Not applicable in proposed project
Davidson	Adoration Home Health, LLC Home Not applicable in proposed project
Davidson	Brookdale Home Health Nashville Home Not applicable in proposed project
Davidson	Careall Home Not applicable in proposed project
Davidson	CareAll Homecare Services Home Not applicable in proposed project
Davidson	Coram CVS Specialty Infusion Service: Home Not applicable in proposed project
Davidson	Elk Valley Health Services Inc Home Not applicable in proposed project
Davidson	Home Care Solutions, Inc Home Not applicable in proposed project
Davidson	Optum Women's and Children's Heal Home Not applicable in proposed project
Davidson	Pentec Health Home Not applicable in proposed project
Decatur	Tennessee Quality Homecare - South Home Not applicable in proposed project
Decatur	Volunteer Homecare of West Tenness Home Not applicable in proposed project
Fayette	NHC Homecare Home No infusion services on 2017 JAR
ayette	Where The Heart Is Home No infusion services on 2017 JAR
entress	C. II.
entress	Quality Private Duty Care Home Not applicable in proposed project Not applicable in proposed project
ranklin	
	Amedisys Home Health Care Home Not applicable in proposed project Premier Support Services, Inc Home Not applicable in proposed project
	, I was applicable in proposed project .

Supplemental #2

Hamblen Univ. of TN Med. Ctr Home Health/	March 28, 2018 Ho Both Not applicable in proposed project
Hamilton Amedisys Home Health	Home No infusion services on 2017 JAR
Hamilton CHI Memorial Health at Home	Home No infusion services on 2017 JAR
Hamilton Continucare Healthservices, Inc I	Home: No infusion services on 2017 JAR
Hamilton Erlanger Continucare Home Health	Home No infusion services on 2017 JAR
Hamilton Guardian Home Care, LLC	Home No infusion services on 2017 JAR
Hamilton Home Care Solutions	Home No infusion services on 2017 JAR
Hamilton Kindred at Home	Home No infusion services on 2017 JAR
Hamilton Maxim Healthcare Services	Home 113 515 82 176315 117
Hamilton NHC Homecare	Home No infusion services on 2017 JAR
Hamilton Optum Women's and Children's Hea	the same of the sa
Hamilton Tennessee Home Health	Home No infusion services on 2017 JAR
Hardin Deaconess Homecare	Home No infusion services on 2017 JAR
Hardin Hardin Medical Center Home Health	
Haywood Careall Homecare Services	Home No infusion services on 2017 JAR
Knox Amedisys Home Health Care	Home No infusion services on 2017 JAR
Knox Camellia Home Health of East Tenne	
Knox Careall Home Care Services	Home No infusion services on 2017 JAR
Knox Coram CVS/Specialty Infusion Service	h-
Knox Covenant Homecare	Both No infusion services on 2017 JAR
Knox East Tennessee Children's Hospital Ho	
Knox Implanted Pump Management	Home No infusion services on 2017 JAR
Knox Kindred at Home	Home No infusion services on 2017 JAR
Knox Maxim Healthcare Services, Inc	Home No infusion services on 2017 JAR
Knox NHC Homecare	Home No infusion services on 2017 JAR
Knox Tennova Healthcare Home Health	Home No infusion services on 2017 JAR
Knox UTMCK-Home Care Services: Hospice	Both No infusion services on 2017 JAR
Lincoln Deaconess Homecare	Home : Not applicable in proposed project
Madison Amedisys Home Health Care	Home Not applicable in proposed project
Madison Extendicare Home Health of West Ter	
Madison Intrepid USA Healthcare Services	Home Not applicable in proposed project
Madison Medical Center Home Health	Home Not applicable in proposed project
Madison Tennova Home Health - Jackson	Home Not applicable in proposed project
Maury NHC Homecare	Home Not applicable in proposed project
McMinn NHC Homecare	Home No infusion services on 2017 JAR
Monroe Intrepid USA Healthcare Services	Home No infusion services on 2017 JAR
Monroe Sweetwater Hospital Home Health	Home No infusion services on 2017 JAR
Other Magnolia Regional Health Care Home	Both Not applicable in proposed project
Other Professional Home Health Care Ageno	Home Not applicable in proposed project
Overton Amedisys Home Health	Home Not applicable in proposed project
Putnam Highland Rim Home Health Agency	Home Not applicable in proposed project
Putnam Intrepid USA Healthcare Services	Home Not applicable in proposed project
Rutherford Amedisys Home Health Care	Home Not applicable in proposed project
Rutherford NHC Homecare	Home Not applicable in proposed project
Scott Deaconess Homecare	Home Not applicable in proposed project

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Shelby	Accredo Health Group, Inc	227 Home	No infusion services on 2017 JAR
Shelby	Amedisys Home Care	Home	No infusion services on 2017 JAR
Shelby	Amedisys Home Health Care	Home :	No infusion services on 2017 JAR
Shelby	Amedisys Tennessee, LLC	Home	No infusion services on 2017 JAR
Shelby	Americare Home Health Agency, Inc	Home	No infusion services on 2017 JAR
Shelby	AxelaCare Health Solutions	Home	No infusion services on 2017 JAR
Shelby	Baptist Home Care and Hospice	Home	No infusion services on 2017 JAR
Shelby	Baptist Trinity Home Care - Private Pa	Home	No infusion services on 2017 JAR
Shelby	Best Nurses, Inc.	Home	No infusion services on 2017 JAR
Shelby	Coram CVS/Specialty Infusion Service	Home	35 263 263 958 958
Shelby	Functional Independence Home Care,	Home	No infusion services on 2017 JAR
Shelby	Hemophilia Preferred Care of Memph	Home	No infusion services on 2017 JAR
Shelby	Home Health Care of West Tennessee	Home	No infusion services on 2017 JAR
Shelby	Homechoice Health Services	Home	No infusion services on 2017 JAR
Shelby	Intrepid USA Healthcare Services	Home	No infusion services on 2017 JAR
Shelby	Maxim Healthcare Services, Inc.	Home	No infusion services on 2017 JAR
Shelby	'Meritan, Inc.	Home	No infusion services on 2017 JAR
Shelby	Methodist Alliance Home Care	Home	No infusion services on 2017 JAR
Shelby	No Place Like Home, Inc	Home	No infusion services on 2017 JAR
Shelby	Optum Women's and Children's Heal	Home	No infusion services on 2017 JAR
Shelby	Quality Home Health Service	Home	No infusion services on 2017 JAR
Shelby	Still Waters Home Health Agency	Home	701 17129 2 22970 2
Shelby	Willowbrook Visiting Nurse Association	Home	Not applicable in proposed project
Warren	Careall Home Care Services	Home '	Not applicable in proposed project
Warren	Friendship Home Health, Inc.	Home	Not applicable in proposed project
Warren	Intrepid USA Healthcare Services	Home	Not applicable in proposed project
Wilson	Deaconess Homecare I	Home	Not applicable in proposed project
The Number	er of Licensed Home Health Agencies	102	*

ATTACHMENT SECTION B, NEED, 1.a. ITEM # 9

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PROPOSED

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Health Statistics ID	Agency County	Agency	Туре	Infusion Services Provided Per 2017 JAR	Gross Revenue / Patient
33433	Hamilton	Maxim Healthcare Services, Inc	Home	40vs> 2hrs/84 hours 42vs<2hrs/33 hrs	\$120/aver age charge
		\$120/average charge per infusion vs		113 patients/515 vs/176,315 total hours	per infusion vs
		\$30/average charge per infusion hour		6,00,4439 Gross Revenue includes skilled	
				nursing visits and home health aide services	
79556	Shelby	Coram CVS Specialty Infusion Services	Home •	145vs> 2hrs /188 hrs 118 vs<2 hrs/770 hrs	\$ 2,311.57
C.				35 patients/263 visits/958 hours	
				Gross Revenue \$80,905	•
79526	Shelby	Still Waters Home Health Agency	Home	2 vs< 2hrs	\$ 1,830.64
- MIANAMATAN TI		\$110/average charge visit	e per infusion	701 patients/17,129vs/22, 970 total hours	
				1,283,276 Gross Revenue includes.	
				home health aide services,medical social worker,	
				Physical therapy, Speech therapy	

8annon Bedford

AGENCY COUNTY

AGENCY

INFUSION SERVICES PROVIDED PER 2017 JAR

Suncrest Home Health Gentiva Home Health No counties reporting No counties reporting Tennova Home Health

Coram Specialty Infusion Services Continuous Care Services, LLC CareAll-Davidson Brookdale Home Health Nashville Amedysis Home Health Services Amedysis Home Care-Davidson Alere Womens & Childrens Health Adoration Home Health

Home Health Care of Middle TN Gentiva Home Health- Davidson Friendship Home Healthcare, Inc Elk Valley health Services, Inc

Home Care Solutions-Davidson

Vanderbilt Affiliated/Walgreens Vanderbilt Home Care Services Vanderbilt Comm & Home Services Suncrest Home Health Premiere Home Health, Inc. Maxim Healthcare Services, Inc. Intrepid USA Healthcare Services Innovative Sr. Care HH of Nashville

1505 visits/296 patients

No Infusion Reported on JAR

64 visits < 2hrs /93 hours No infusion Reported on JAR

No infusion Reported on JAR No infusion Reported on JAR No infusion Reported on JAR Average charge per visit \$150

No infusion Reported on JAR No infusion Reported on JAR No infusion Reported on JAR

3visits<2hrs/4 hrs 294 visits>2hrs/1510 hrs No infusion Reported on JAR

35 patients Gross Revenue \$70,915

No infusion Reported on JAR No infusion Reported on JAR

2647 patients/37440 visits inclusive all therapies 119visits< 2hrs No infusion Reported on JAR

21,723,246 Gross Revenue all inclusive

No infusion Reported on JAR \$6,516,442 Gross Revenue all inclusive 14 vs > 2 hrs/9hrs 1475 pts/43,615 visits inclusive of all therapies

DeKalb

Lincoln

Lewis

akson 91es **Fanklin**

Houston Hickman

Grundy

Humphreys Lawrence

No agencies Reporting No agencies Reporting

Deaconess Home Care

No agencies Reporting No agencies Reporting

Suncrest Home Health of Nashville Maury Quality First Home Care **Regional Home Services** No agencies Reporting No agencies Reporting **Home Care-Montgomery** Tennova Home Health-Clarksville **CareAll Home Care Services Intrepid USA Healthcare Services** Highland Rim Home Health Agency

Perry

Putnam

Robertson

NHC HomeCare

Moore

Montgomery

Suncrest Home Health Willowbrook Home Health Care

No agencies Reporting **Amedysis Home Health Services** CareSouth HHA Holdings No agencies Reporting No agencies Reporting

St Thomas Home Health No agencies Reporting

No agencies Reporting

Lincoln Medical Home Health

NHC HomeCare

Maury

Marshall Macon

> No infusion Reported on JAR No infusion Reported on JAR

No infusion Reported on JAR No infusion Reported on JAR No infusion Reported on JAR No infusion Reported on JAR No infusion Reported on JAR No infusion Reported on JAR

\$14,200,206 Gross Revenue all inclusive 2897pts/76067 visits all inclusive all therapies 200vs>2hrs

No infusion Reported on JAR No infusion Reported on JAR No infusion Reported on JAR

14vs<2hrs No infusion Reported on JAR \$5,367,277 Gross Revenue all inclusive Average charge per visit \$120 5047 ps/79,715 visits inclusive all therapies 101,263 hrs

No infusion Reported on JAR No infusion Reported on JAR

No infusion Reported on JAR

Rutherford

umner

10:12tam

Mmith

Health At Home

Guardian Home Care of Nashville

White Wayne Williamson

> No agencies Reporting No agencies Reporting Friendship Home Healthcare, Inc Amedysis Home Health CareAll Home Care Services Intrepid USA Healthcare Services No agencies Reporting Highpoint Home Care No agencies Reporting Amedysis Home Health Care NHC HomeCare

> > No infusion Reported on JAR

Gentiva Health Services American National Home Health Deaconess Home Care

232_{Wilson}

No infusion Reported on JAR No infusion Reported on JAR No infusion Reported on JAR No infusion Reported on JAR

Lifeline Home Health Care

No infusion Reported on JAR No infusion Reported on JAR No infusion Reported on JAR

No infusion Reported on JAR No infusion Reported on JAR No infusion Reported on JAR \$654,303 Gross Revenue all therapies No infusion Reported on JAR 7686 pts/20526 hrs all inclusive of all therapies 63vs<2hrs

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ATTACHMENT SECTION B, NEED, ITEM D

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_	_	_	-	_	_	_	_	_	_		_	_	_	-	-	_	-	-	-	-	-	_	_				12	a	m	
Tennessee	Service Area Total	Tipton	Shelby	Sevier	Sequatchie	Roane	Rhea	Polk	Morgan	Monroe	Meigs	Marion	McNairy	McMinn	Loudon	Lauderdale	Knox	Jefferson	Haywood	Hardin	Hardeman	Hamilton	Fayette	Cumberland	Bradley	Blount	Bledsoe	Anderson	Demographic Variable/ Geographic Area	
6,960,524	2,967,448	69,239	970,212	104,829	16,399	55,990	34,582	17,627	23,848	49,048	12,345	29,810	27,486	55,100	56,118	28,930	477,780	57,073	18,274	26,680	27,284	362,471	46,608	63,778	107,651	136,505	13,394	78,387	Total Population- 2018	
7,188,358	3,042,946	72,169	985,379	110,270	17,206	56,678	35,529	17,899	24,498	50,698	12,614	30,277	27,898	56,019	58,798	29,300	494,035	59,005	18,048	26,824	27,274	371,713	49,321	66,447	110,730	141,326	13,594	79,397	Total Population- 2021	Depa
3.3%	2.5%	4.2%	1.6%	5.2%	4.9%	1.2%	2.7%	1.5%	2.7%	3.4%	2.2%	1.6%	1.5%	1.7%	4.8%	1.3%	3.4%	3.4%	-1.2%	0.5%	0.0%	2.5%	5.8%	4.2%	2.9%	3.5%	1.5%	1.3%	Total Population- % Change	rtment o
	2,453,355	59,273	844,823	83,593	12,863	42,485	27,523	13,745	19,581	37,658	9,438	23,315	21,526	43,306	39,614	24,606	402,294	44,714	14,931	20,343	22,395	297,270	36,723	42,268	88,578	108,041	10,595	61,854	Target Population- 2018	Department of Health/Health Statistics
	2,469,713	60,666	845,184	86,021	13,124	41,611	27,709	13,666	19,765	37,782	9,305	22,955	21,390	42,986	40,159	24,623	410,428	45,183	14,309	19,963	22,002	299,722	37,487	42,551	89,708	109,456	10,543	61,415	Target Population- 2021	h Statistics
1.5%	0.7%	2.4%	0.0%	2.9%	2.0%	-2.1%	0.7%	-0.6%	0.9%	0.3%	-1.4%	-1.5%	-0.6%	-0.7%	1.4%	0.1%	2.0%	1.0%	-4.2%	-1.9%	-1.8%	0.8%	2.1%	0.7%	1.3%	1.3%	-0.5%	-0.7%	Target Population- % Change	
81.7%	81.2%	84.1%	85.8%	78.0%	76.3%	73.4%	78.0%	76.4%	80.7%	74.5%	73.8%	75.8%	76.7%	76.7%	68.3%	84.0%	83.1%	76.6%	79.3%	74.4%	80.7%	80.6%	76.0%	64.0%	81.0%	77.4%	77.6%	77.4%	Target Population Projected Year as % of Total	
39	42	37	35	42	43	46	40	45	41	43	44	43	43	43	47	38	37	43	40	45	40	39	44	50	39	43	43	43	Median Age	
46		\$ 54,650	\$ 46,854	\$ 42,586	\$ 46,541	\$ 42,299	\$ 38,355	\$ 41,520	\$ 39,728	\$ 37,054	\$ 35,209	\$ 41,477	\$ 31,956	\$ 38,661	\$ 52,995	\$ 32,353	\$ 50,366	\$ 43,673	\$ 35,094	\$ 37,244	\$ 33,566	\$ 49,434	\$ 55,972	\$ 40,123	\$ 43,721	\$ 49,532	\$ 38,535	\$ 44,241	Median Household Income	Bureau of
1,184,468	535.684	9,418	206,468	15,759	2,596	9,042	7,846	3,122	5,576	9,314	2,310	5,693	6,315	10,683	7,451	7,113	76,476	8,574	3,853	5,909	6,467	53,181	6,844	10,056	19,614	18,344	3,160	13,420	Person Below Poverty Level	Bureau of the Census
17.2	18.2	13.8	21.4	15.3	16.1	16.2	22.9	17.8	23.6	19.2	18.8	19.2	23.1	19.5	13.5	24.7	16.2	15.2	21	22.2	23.7	14.8	15	16	18.4	13.6	23.7	17.2	Person Below Poverty Level as % of Total	
1,463,403	645 742	13,427	254,065	21,173	3,834	11,715	9,108	4,147	4,673	11,649	3,222	7,031	7,307	12,861	9,416	7,780	78,560	12,625	5,527	7,341	066'9	67,257	7,002	12,851	22,637	22,686	3,099	16,372	TennCare Enrollees	TennCare
21.3%	21 9%	19.7%	26.3%	20.6%	23.8%	21.0%	26.6%	23.6%	19.8%	24.0%	26.2%	23.7%	26.7%	23.5%	17.1%	27.0%	16.6%	22.4%	30.1%	27.6%	25.6%	18.7%	15.3%	20.4%	21.2%	16.8%	23.2%	21.0%	TennCare Enrollees as % of Total Population	(O)



Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is to be p	oublished in the $\frac{Va}{A}$	n Buren News	w	hich is a newspaper
of general circulation in Van Bure	en (County)	(Name of Newspaper) , Tennessee, on or be	fore March	, 10 , 20 <u>/8,</u>
for one day.	(County)		(14)	onurr day) (rear)
This is to provide official notice accordance with T.C.A. § 68-11-that:	to the Health Serv- -1601 <i>et seq.</i> , and	the Rules of the Health S	Services and	Development Agency,
	ces localed at, 624 Grassmere Park Dr., Ste.		ne Health A	<u> </u>
(Name of Applicant)		,	ility Type-Existi	
owned by: Option Care Infusion	Services, LLC	with an ownership type	e of joint ve	nture
and to be managed by: Option C	are Infusion Services,	LLC intends to file an appl	ication for a	Certificate of Need
for [PROJECT DESCRIPTION BEGINS HE				
Anderson, Bledsoe, Blount, Bradley, Cumberland, Fayette, H	- 100			
Rhea, Roane, Sevier, Shelhy, Tinton, Sequatchie, Current CON count	ies Redford Cannon Cheatham Coffee	Davidson, Dekalb, Dickson, Franklin, Giles, Grundy Hick	man Houston Humphre	ve Lauranca Laurie Lincola Macca Marchall
The Notice Cover Orciby, Tipon, degadrate Surfer Cover Count				
Maury, Montgomery, Moore, Perry, Putnam, Roberts	son, Rutherford, Smith, Sumne	r, Trousdale, Warren, Wayne, White, Willi	amson, Wilson, E	stimated project cost is \$15,000.00.
The anticipated date of filing the	application is: MA	ARCH 9 .20 1	18	
The contact person for this proje	ct is Julie Koenig, S	Sr. VP-Ops/Meggie Orama,	DON	
		(Contact Name)		(Title)
who may be reached at: Option Care In	fusion Services, LLC, 624 Grassm	ere Park Dr., Ste. 22		
-	(Company Name)		ddress)	
Nashville	TN	37211	888	_/ 726-0776
(City)	(State)	(Zip Code)	(Are	a Code / Phone Number)
De curso Di	ande	03/09/2018	meggie (orama@optioncare.com
(Signature)	wha	(Date)		(E-mail Address)
The Letter of Intent must be filed	in triplicate and rec	eived between the first ar	nd the tenth	day of the month. If the
last day for filing is a Saturday,	Sunday or State Ho			
this form at the following address				
		and Development Agency kson Building, 9 th Floor		
		eaderick Street		
	Nashville	, Tennessee 37243		

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

HF51 (Revised 01/09/2013 – all forms prior to this date are obsolete) ----



Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is	to be published in the _	Knoxville Sentinel	which is a newspaper
of general circulation in	rson, Blount, Cumbertand, Jefferson, Kndx, Louden, McMen, Mon	(Name of Newspaper) , Tennessee, on or b	efore March, 10 , 20/8, (Year)
for one day.	1410-1-1210-1-14		, , ,
This is to provide official accordance with T.C.A. § that:	notice to the Health Ser 68-11-1601 et seq., and	vices and Development A d the Rules of the Health	Agency and all interested parties, in Services and Development Agency,
Option Care Infusion Services_LLC, DBA Vanderbilt HC/Opti	on Care IV Services located at, 624 Grassmere Park Dr., St	e 22, Nashville, TN 37211	me Health Agency
(Name of Applicant)		(F:	acility Type-Existing)
owned by: Option Care In	usion Services, LLC	with an ownership ty	oe of joint venture
and to be managed by:	ption Care Infusion Services	i, ^{LLC} intends to file an ap	olication for a Certificate of Need
for [PROJECT DESCRIPTION BE	GINS HERE]: An expansion of home hea	Ith intravenous specially care services throughout Ea	st and West TN to include the addition of the following counties:
Anderson, Bledsoe, Blount, Bradley, Cumberlar	d, Fayetle, Hardin, Haywood, Knox, Hamilton,	Morgan, Hardeman, Jefferson, Van Buren, Laud	lerdale, Loudon, Marion, McMinn, McNairy, Meigs, Monroe, Polk,
Rhea, Roane, Sevier, Shelby, Tipton, Sequatchie, Curre	ent CON counties: Bedford, Cannon, Cheatham, Coffe	re, Davidson, Dekalb, Dickson, Franklin, Giles, Grundy,F	ickman, Houston, Humphreys, Lawrence, Lewis, Lincoln, Macon, Marshall
Maury, Montgomery, Moore, Perry, Pulna	m, Robertson, Rutherford, Smith, Sumr	ner, Trousdale, Warren, Wayne, White, W	lliamson, Wilson Estimated project cost is \$15,000.00.
The anticipated date of fili	ng the application is: Mi	ARCH 9 .20	18
The contact person for thi			a. DON
The contact person for the	s project is	(Contact Name)	(Title)
who may be reached at:	olion Care Infusion Services, LLC, 624 Grass	,	()
wild may be reached at	(Company Name)		Address)
Nashville	TN	37211	888 /726-0776
(City)	(State)	(Zip Code)	(Area Code / Phone Number)
Meanie	Ohan.	03/09/2018	meggie.orama@optioncare.com
) (Signa	ture)	(Date)	(E-mail Address)
The Letter of Intent must b	e <u>filed in triplicate</u> and <u>re</u>	ceived between the first	and the tenth day of the month. If the

The Letter of Intent must be <u>filed in triplicate</u> and <u>received between the first and the tenth</u> day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

HF51 (Revised 01/09/2013 – all forms prior to this date are obsolete)



Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is to be pu		attanooga Times Free	Press wh	nich is a newspaper
of general circulation in Bledsoe, Bradley, Mari	on, Meigs, Hamilton, Polk, Rhea, Sequatchie	, Tennessee, on or be	fore March,	10 , 20 / 3 , onth / day) (Year)
for one day.	Sourity)		(IMO	miir/day) (Tear)
This is to provide official notice to accordance with T.C.A. § 68-11-1 that:	the Health Services 601 <i>et seq.</i> , and the	Rules of the Health S	Services and	Development Agency,
Option Care Infusion Services LLC DBA Vanderbill HC/Option Care IV Services	ocaled at, 624 Grassmere Park Dr., Ste 22, Nashvill		ne Health Ag	
(Name of Applicant)		,	cility Type-Existin	o ,
owned by: Option Care Infusion Se	ervices, LLC V	vith an ownership type	e of <u>Joint ven</u>	ture
and to be managed by: Option Care	e Infusion Services, LLC	intends to file an appl	ication for a	Certificate of Need
for [PROJECT DESCRIPTION BEGINS HERE				
Anderson, Bledsoe, Blount, Bradley, Cumberland, Fayette, Hard				
Rhea, Roane, Sevier, Shelby, Tiplon, Sequalchie Current CON counties	Bedford, Cannon, Cheatham, Coffee, Davidson	Dekalb, Dickson, Franklin, Giles, Grundy, Hick	man, Houston, Humphreys	s, Lawrence, Lewis, Lincoln, Macon, Marshall,
Maury, Montgomery, Moore, Perry, Putnam, Robertson	, Rutherford, Smith, Sumner, Trous	sdale, Warren, Wayne, White, Willi	amson, Wilson, Es	timated project cost is \$15,000.00.
The anticipated date of filing the ar	oplication is: MARCA	19 .20	18	
The contact person for this project			DON	
The deficact person for this project		tact Name)		(Title)
who may be reached at: Option Care Infus	ion Services, LLC, 624 Grassmere Park	Dr., Ste. 22		
(C	ompany Name)	(A	ddress)	
Nashville	TN	37211	888	_/ 726-0776
(City)	(State)	(Zip Code)	(Area	Code / Phone Number)
Meraie 01	Rana	03/09/2018	meggie.o	rama@optioncare.com
(Signature)		(Date)	(F	E-mail Address)
The Letter of Intent must be filed in	triplicate and receive	d between the first ar	nd the tenth	day of the month. If the

The Letter of Intent must be <u>filed in triplicate</u> and <u>received between the first and the tenth</u> day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

HF51 (Revised 01/09/2013 – all forms prior to this date are obsolete)



Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is to be	published in the _	The Courier	which is a newspaper
or general circulation in	Hardin (County)	(Name of Newspaper) , Tennessee, on or	before March, 10 (Month / day), 20 1/2, (Year)
for one day.			
This is to provide official notice accordance with T.C.A. § 68-11 that:	to the Health Se -1601 <i>et seq.,</i> and	rvices and Development d the Rules of the Healtl	Agency and all interested parties, in high Services and Development Agency,
Option Care Infusion Services, LLC, DBA Vanderbill HC/Option Care IV Ser	vices located at 624 Grassmere Park Dr., S	le 22, Nashville, TN 37211	Home Health Agency
(Name of Applicant)			(Facility Type-Existing)
owned by: Option Care Infusion	Services, LLC	with an ownership t	type of joint venture
for [PROJECT DESCRIPTION BEGINS HE	RE]: An expansion of home hea	s, LLC intends to file an a all intravenous specially care services throughout	pplication for a Certificate of Need East and West TN to include the addition of the following counties: auderdale, Loudon, Marion, McMinn, McNairy, Meigs, Monroe, Polk,
Rhea, Roane, Sevier Shelby, Tipton, Sequalchie Current CON cour	ities Bedford, Cannon, Cheatham, Coffe	ee, Davidson, Dekalb, Dickson, Franklin, Giles, Grund	dy,Hickman, Houston, Humphreys, Lawrence, Lewis, Lincoln, Macon, Marshall,
Maury, Montgomery, Moore, Perry, Putnam, Rober	tson, Rutherford, Smith, Sum	ner, Trousdale, Warren, Wayne, White,	Williamson, Wilson, Estimated project cost is \$15,000.00.
The anticipated date of filing the	application is:	MARCH 9 .20	18
The contact person for this projection who may be reached at:	ect is Julie Koenig,	Sr. VP-Ops/Meggie Orar (Contact Name)	ma, DON (Title)
	(Company Name)		(Address)
Nashville	TN	37211	888 / ₇ 726-0776
(City)	(State)	(Zip Code)	(Area Code / Phone Number)
Dr. O ano Ob	and	03/09/2018	meggie.orama@optioncare.com
/// (Signature)		(Date)	(E-mail Address)

The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

> Health Services and Development Agency Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

HF51 (Revised 01/09/2013 - all forms prior to this date are obsolete)



Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Per Called Calle

Fax: 615-741-9884

LETTER OF INTENT

(Signature)		(Date)	(E-mail Address)
nessie Mas	sla	03/09/2018	meggie.o	rama@optioncare.com
. (City)	(State)	(Zip Code)		Code / Phone Number)
Nashville	TN	37211	888	,726-0776
who may be reached at: Option Care Infusion	n Services, LLC, 624 Grassme		ddress)	
		(Contact Name)	, , _	(Title)
The anticipated date of filing the app The contact person for this project is				
Maury, Montgomery, Moore, Perry, Putnam, Robertson, I	Rutherford, Smith, Sumner	r, Trousdale, Warren, Wayne, White, Will	iamson, Wilson. Es	stimated project cost is \$15,000,00.
Rhea_Roane_Sevier_Shelby_Tipton, Sequatchie_Current CON counties_Be	dford, Cannon, Chealham, Coffee, I	Davidson, Dekalb, Dickson, Franklin, Giles, Grundy,Hic	kman, Houston, Humphrey	s, Lawrence, Lewis, Lincoln, Macon, Marshall,
Anderson, Bledsoe, Blount, Bradley, Cumberland, Fayette, Hardin				
for [PROJECT DESCRIPTION BEGINS HERE]				
and to be managed by: Option Care	Infusion Services,			
owned by: Option Care Infusion Ser	vices, LLC	with an ownership typ	e of joint ver	nture
(Name of Applicant)			cility Type-Existin	
This is to provide official notice to accordance with T.C.A. § 68-11-16 that: Option Care Infusion Services, LLC, OBA Vanderbilt HC/Option Care IV Services loc	01 et seq., and	the Rules of the Health S	gency and a Services and me Health Ag	Development Agency,
for one day. 	-w-w-w-w-		-2-2-4-2-2	
(Co	ounty)	, Tennessee, on or be	etore Water,	onth / day) 20 12, (Year)
		(Name of Newspaper)		nich is a newspaper
The Publication of Intent is to be pub				

The Letter of Intent must be <u>filed in triplicate</u> and <u>received between the first and the tenth</u> day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

HF51 (Revised 01/09/2013 – all forms prior to this date are obsolete)



Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, TN 37243

Phone: 615-741-2364 www.tn.gov/hsda

Fax: 615-741-9884

LETTER OF INTENT

The Letter of Intent must be filed in trir			Wilder experience
(Signature)		(Date)	(E-mail Address)
Meraie Oran	Ca.	03/09/2018	meggie.orama@optioncare.com
(City)	(State)	(Zip Code)	(Area Code / Phone Number)
Nashville	TN	37211	888 / <u>726-0776</u>
	any Name)		dress)
who may be reached at: Option Care Infusion Se	ervices, LLC, 624 Grassmere P	ark Dr., Ste. 22	
The contact person for this project is_		ontact Name)	(Title)
The contact person for this project is			DON
The anticipated date of filing the applic	cation is: MAR	CH 9 .20 18	,
Maury, Montgomery, Moore, Perry, Putnam, Robertson, Rutl	herford, Smith, Sumner, Tro	usdale, Warren, Wayne, White, Willian	nson, Wilson. Estimated project cost is \$15,000,00.
Rhea, Roane, Sevier, Shelby, Tipton, Sequatchie, Current CON counties. Bedford	d, Cannon, Cheatham, Coffee, Davids	on, Dekalb, Dickson, Franklin, Giles, Grundy, Hickma	an, Houston, Humphreys, Lawrence, Lewis, Lincoln, Macon, Marshall,
Anderson, Bledsoe, Blount, Bradley, Cumberland, Fayette, Hardin, Ha	aywood, Knox, Hamilton, Morgar	ı, Hardeman, Jefferson, Van Buren, Lauderda	ale, Loudon, Marion, McMinn, McNairy, Meigs, Monroe, Polk,
for [PROJECT DESCRIPTION BEGINS HERE]: _	An expansion of home health intrave	enous specialty care services throughout East and	d West TN to include the addition of the following counties:
and to be managed by: Option Care Inf	fusion Services, LLC	intends to file an applic	cation for a Certificate of Need
owned by: Option Care Infusion Service	ces, LLC	with an ownership type	of joint venture
(Name of Applicant)		,	ty Type-Existing)
Option Care Infusion Services, LLC_DBA Vanderbill HC/Option Care IV Services located a	at, 624 Grassmere Park Dr., Ste 22, Nasi	nville, TN 37211 Home	e Health Agency
This is to provide official notice to the accordance with T.C.A. § 68-11-1601 that:	e Health Service et seq., and the	s and Development Age Rules of the Health Se	ency and all interested parties, ir ervices and Development Agency
for one day. 			
(Count	ty)	, 10,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Month / day) (Year)
of general circulation inFayette, Sh	elby, Tipton	(Name of Newspaper) , Tennessee, on or befo	ore March, 10 20/8
The Publication of Intent is to be publis	hed in theThe	Commercial Appeal	which is a newspaper

<u>triplicate</u> and <u>received between the first and the tenth</u> day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency. HF51 (Revised 01/09/2013 – all forms prior to this date are obsolete)



Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is to be publis	shed in theThe L	auderdale County I	Enterprise Whice	ch is a newspaper
of general circulation inLaude	erdale ,	Name of Newspaper) Tennessee, on or b	pefore March, 1	0 20 <u>/8,</u> (Year)
for one day.			(
This is to provide official notice to the accordance with T.C.A. § 68-11-160° that:	ne Health Services 1 <i>et seq.,</i> and the F	Rules of the Health	Services and [Development Agency,
Option Care Infusion Services, LLC, DBA Vanderbill HC/Option Care IV Services located	d at, 624 Grassmere Park Or_Ste 22, Nashville		ome Health Age	
(Name of Applicant)	cos II C	`	acility Type-Existing)	
owned by: Option Care Infusion Servi		ith an ownership ty		
and to be managed by: Option Care In				
for [PROJECT DESCRIPTION BEGINS HERE]:	An expansion of home health intravenou	is specially care services throughout Ea	ast and West TN to include the	addition of the following counties:
Anderson, Bledsoe, Blount, Bradley, Cumberland, Fayette, Hardin, H	aywood, Knox, Hamilton, Morgan, Ha	ardeman, Jefferson, Van Buren, Lau	derdale, Loudon, Marion, Mo	cMinn, McNairy, Meigs, Monroe, Polk,
Rhea, Roane, Sevier, Shelby, Tipton, Sequatchie Current CON counties. Bedfor	rd, Cannon, Cheatham, Coffee, Davidson,	Dekalb, Dickson, Franklin, Giles, Grundy,	Hickman, Houston, Humphreys, L	awrence, Lewis, Lincoln, Macon, Marshall,
Maury, Montgomery, Moore, Perry, Putnam, Robertson, Ru	therford, Smith, Sumner, Trous	dale, Warren, Wayne, White, W	filliamson, Wilson. Estir	maled project cost is \$15,000.00.
The anticipated date of filing the appli	cation is: MARC	H 9 .20	18	
The contact person for this project is who may be reached at: Option Care Infusion S	Julie Koenig, Sr. VP	act Name)	a, DON	(Title)
(Comp	pany Name)		(Address)	
Nashville	TN	37211	888	_/ 726-0776
(City)	(State)	(Zip Code)	(Area C	Code / Phone Number)
The price Of new	a	03/09/2018	meggie.ora	ama@optioncare.com
(Signature)		(Date)		mail Address)
			<u> </u>	

The Letter of Intent must be <u>filed in triplicate</u> and <u>received between the first and the tenth</u> day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

HF51 (Revised 01/09/2013 – all forms prior to this date are obsolete)



Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent i	s to be published in the	Brownsville Press	which is a newspaper
of general circulation in _	Haywood (County)	(Name of Newspaper), Tennessee, on or bef	Fore March, 10 (Month / day) 20_18, (Year)
for one day.			
accordance with T.C.A. { that:	notice to the Health Serv § 68-11-1601 <i>et seq.</i> , and	the Rules of the Health So	ency and all interested parties, in ervices and Development Agency ne Health Agency
(Name of Applicant)	puoli Care IV Services lucated at 024 Glassifiere Paix Di Sue 2		lity Type-Existing)
owned by: Option Care Ir	nfusion Services, LLC	with an ownership type	of joint venture
for [PROJECT DESCRIPTION BI	EGINS HERE]: An expansion of home health	intravenous specialty care services throughout East ar	cation for a Certificate of Need and West TN to include the addition of the following counties: dale, Loudon, Marion, McMinn, McNairy, Meigs, Monroe, Polk,
Rhea, Roane, Sevier, Shelby, Tipton, Sequatchie, Cu	rrent CON counties: Bedford, Cannon, Chealham, Coffee,	Davidson, Dekalb, Dickson, Franklin, Giles, Grundy Hickn	nan, Houston, Humphreys, Lawrence, Lewis, Lincoln, Macon, Marshall,
Maury, Montgomery, Moore, Perry, Puti	nam, Robertson, Rutherford, Smith, Sumner	r, Trousdale, Warren, Wayne, White, Willia	mson, Wilson. Estimated project cost is \$15,000.00.
The anticipated date of fi	ling the application is:	ARCH 9 .20 /	8
The contact person for th	nis project is Julie Koenig, S	r. VP-Ops/Meggie Orama, (Contact Name)	DON (Title)
who may be reached at:	Option Care Infusion Services, LLC, 624 Grassme (Company Name)	ere Park Dr., Ste. 22	dress)
Nashville	TN	37211	888 _/ 726-0776
(City)	(State)	(Zip Code)	(Area Code / Phone Number)
Treggie (Sign	-Dranca	03/09/2018 (Date)	meggie.orama@optioncare.com (E-mail Address)

The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency HF51 (Revised 01/09/2013 – all forms prior to this date are obsolete)



Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is to	be published in the	Bolivar Bulletin	w	hich is a newspaper
of general circulation in	Hardeman (County)	(Name of Newspaper) , Tennessee, on or	before March	, 10 , 20 18, (Year)
for one day.	(Codiny)		(10	(Teal)
				
This is to provide official no accordance with T.C.A. § 6 that:	otice to the Health Ser 8-11-1601 <i>et seq.</i> , and	vices and Development If the Rules of the Healt	: Agency and h Services and	all interested parties, in d Development Agency,
Option Care Infusion Services LLC DBA Vanderbilt HC/Option C.	are IV Services located at, 624 Grassmere Park Dr., Sti	e 22, Nashville, TN 37211	Home Health A	gency
(Name of Applicant)		· · · · · · · · · · · · · · · · · · ·	(Facility Type-Existi	ing)
owned by: Option Care Infus	sion Services, LLC	with an ownership	type of joint ve	nture
and to be managed by: Opt		, ^{LLC} intends to file an a	pplication for a	a Certificate of Need
for [PROJECT DESCRIPTION BEGING Anderson, Bledsoe, Blount, Bradley, Cumberland, F				
Rhea, Roane, Sevier, Shelby, Tipton, Sequatchie Current C	ON counties: Bedford, Cannon, Cheatham, Coffe	e, Davidson, Dekalb, Dickson, Franklin, Giles, Grun	dy,Hickman, Houston, Humphre	eys, Lawrence, Lewis, Lincoln, Macon, Marshall,
Maury, Montgomery, Moore, Perry, Putnam,	Robertson, Rutherford, Smith, Sumn	er, Trousdale, Warren, Wayne, White,	Williamson, Wilson	Estimated project cost is \$15,000,00
The anticipated date of filing	the application is:	MARCH 9 .20	18	
The contact person for this			ma, DON	(Title)
who may be reached at: Option	n Care Infusion Services, LLC, 624 Grass	'		,
wild may be reached at	(Company Name)		(Address)	
Nashville	TN	37211	888	_/ 726-0776
(City)	(State)	(Zip Code)	(Are	ea Code / Phone Number)
Mergie O	rana.	03/09/2018	meggie.	orama@optioncare.com
(Signatur	e)	(Date)		(E-mail Address)
The Letter of Intent must be	filed in triplicate and re	coived between the first	t and the test	doughtha manth little
The Letter of Intent must be last day for filing is a Sature				
this form at the fellowing ad-		,,gact 000a	. J. alio picco	and suchious day. I no

this form at the following address:

Health Services and Development Agency Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

HF51 (Revised 01/09/2013 - all forms prior to this date are obsolete)

RULES OF HEALTH SERVICES AND DEVELOPMENT AGENCY

CHAPTER 0720-11 CERTIFICATE OF NEED PROGRAM – GENERAL CRITERIA

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0720-11-.01 General Criteria for Certificate of Need

0720-11-.01 GENERAL CRITERIA FOR CERTIFICATE OF NEED. The Agency will consider the following general criteria in determining whether an application for a certificate of need should be granted:

- (1) Need. The health care needed in the area to be served may be evaluated upon the following factors:
 - (a) The relationship of the proposal to any existing applicable plans;
 - (b) The population served by the proposal;
 - (c) The existing or certified services or institutions in the area;
 - (d) The reasonableness of the service area:
 - The special needs of the service area population, including the accessibility to consumers, particularly women, racial and ethnic minorities, TennCare participants, and low-income groups;
 - (f) Comparison of utilization/occupancy trends and services offered by other area providers;
 - (g) The extent to which Medicare, Medicaid, TennCare, medically indigent, charity care patients and low income patients will be served by the project. In determining whether this criteria is met, the Agency shall consider how the applicant has assessed that providers of services which will operate in conjunction with the project will also meet these needs.
- (2) Economic Factors. The probability that the proposal can be economically accomplished and maintained may be evaluated upon the following factors:
 - (a) Whether adequate funds are available to the applicant to complete the project;
 - (b) The reasonableness of the proposed project costs:
 - (c) Anticipated revenue from the proposed project and the impact on existing patient charges;
 - (d) Participation in state/federal revenue programs;
 - (e) Alternatives considered; and
 - (f) The availability of less costly or more effective alternative methods of providing the benefits intended by the proposal.

- (3) Quality. Whether the proposal will provide health care that meets appropriate quality standards may be evaluated upon the following factors:
 - (a) Whether the applicant commits to maintaining an actual payor mix that is comparable to the payor mix projected in its CON application, particularly as it relates to Medicare, TennCare/Medicaid, Charity Care, and the Medically Indigent;
 - (b) Whether the applicant commits to maintaining staffing comparable to the staffing chart presented in its CON application;
 - (c) Whether the applicant will obtain and maintain all applicable state licenses in good standing;
 - (d) Whether the applicant will obtain and maintain TennCare and Medicare certification(s), if participation in such programs was indicated in the application;
 - (e) Whether an existing healthcare institution applying for a CON has maintained substantial compliance with applicable federal and state regulation for the three years prior to the CON application. In the event of non-compliance, the nature of non-compliance and corrective action shall be considered:
 - (f) Whether an existing health care institution applying for a CON has been decertified within the prior three years. This provision shall not apply if a new, unrelated owner applies for a CON related to a previously decertified facility;
 - (g) Whether the applicant will participate, within 2 years of implementation of the project, in self-assessment and external peer assessment processes used by health care organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve.
 - This may include accreditation by any organization approved by Centers for Medicare and Medicaid Services (CMS) and other nationally recognized programs. The Joint Commission or its successor, for example, would be acceptable if applicable. Other acceptable accrediting organizations may include, but are not limited to, the following:
 - (i) Those having the same accrediting standards as the licensed hospital of which it will be a department, for a Freestanding Emergency Department;
 - (ii) Accreditation Association for Ambulatory Health Care, and where applicable, American Association for Accreditation of Ambulatory Surgical Facilities, for Ambulatory Surgical Treatment Center projects;
 - (iii) Commission on Accreditation of Rehabilitation Facilities (CARF), for Comprehensive Inpatient Rehabilitation Services and Inpatient Psychiatric projects;
 - (iv) American Society of Therapeutic Radiation and Oncology (ASTRO), the American College of Radiology (ACR), the American College of Radiation Oncology (ACRO), National Cancer Institute (NCI), or a similar accrediting authority, for Megavoltage Radiation Therapy projects;
 - (v) American College of Radiology, for Positron Emission Tomography, Magnetic Resonance Imaging and Outpatient Diagnostic Center projects;

- (vi) Community Health Accreditation Program, Inc., Accreditation Commission for Health Care, or another accrediting body with deeming authority for hospice services from CMS or state licensing survey, and/or other third party quality oversight organization, for Hospice projects;
- (vii) Behavioral Health Care accreditation by the Joint Commission for Nonresidential Substitution Based Treatment Center, for Opiate Addiction projects;
- (viii) American Society of Transplantation or Scientific Registry of Transplant Recipients, for Organ Transplant projects;
- (ix) Joint Commission or another appropriate accrediting authority recognized by CMS, or other nationally recognized accrediting organization, for a Cardiac Catheterization project that is not required by law to be licensed by the Department of Health;
- (x) Participation in the National Cardiovascular Data Registry, for any Cardiac Catheterization project;
- (xi) Participation in the National Burn Repository, for Burn Unit projects:
- (xii) Community Health Accreditation Program, Inc., Accreditation Commission for Health Care, and/or other accrediting body with deeming authority for home health services from CMS and participation in the Medicare Quality Initiatives, Outcome and Assessment Information Set, and Home Health Compare, or other nationally recognized accrediting organization, for Home Health projects; and
- (xiii) Participation in the National Palliative Care Registry, for Hospice projects.
- (h) For Ambulatory Surgical Treatment Center projects, whether the applicant has estimated the number of physicians by specialty expected to utilize the facility, developed criteria to be used by the facility in extending surgical and anesthesia privileges to medical personnel, and documented the availability of appropriate and qualified staff that will provide ancillary support services, whether on- or off-site.
- (i) For Cardiac Catheterization projects:
 - Whether the applicant has documented a plan to monitor the quality of its cardiac catheterization program, including but not limited to, program outcomes and efficiencies;
 - Whether the applicant has agreed to cooperate with quality enhancement efforts sponsored or endorsed by the State of Tennessee, which may be developed per Policy Recommendation; and
 - 3. Whether the applicant will staff and maintain at least one cardiologist who has performed 75 cases annually averaged over the previous 5 years (for an adult program), and 50 cases annually averaged over the previous 5 years (for a pediatric program).
- (j) For Open Heart projects:

- 1. Whether the applicant will staff with the number of cardiac surgeons who will perform the volume of cases consistent with the State Health Plan (annual average of the previous 2 years), and whether the applicant will maintain this volume in the future;
- Whether the applicant will staff and maintain at least one surgeon with 5 years of experience;
- 3. Whether the applicant will participate in a data reporting, quality improvement, outcome monitoring, and peer review system that benchmarks outcomes based on national norms, with such a system providing for peer review among professionals practicing in facilities and programs other than the applicant hospital (demonstrated active participation in the STS National Database is expected and shall be considered evidence of meeting this standard):
- (k) For Comprehensive Inpatient Rehabilitation Services projects, whether the applicant will have a board-certified physiatrist on staff (preferred);
- (I) For Home Health projects, whether the applicant has documented its existing or proposed plan for quality data reporting, quality improvement, and an outcome and process monitoring system;
- (m) For Hospice projects, whether the applicant has documented its existing or proposed plan for quality data reporting, quality improvement, and an outcome and process monitoring system;
- (n) For Megavoltage Radiation Therapy projects, whether the applicant has demonstrated that it will meet the staffing and quality assurance requirements of the American Society of Therapeutic Radiation and Oncology (ASTRO), the American College of Radiology (ACR), the American College of Radiation Oncology (ACRO), National Cancer Institute (NCI), or a similar accrediting authority;
- (o) For Neonatal Intensive Care Unit projects, whether the applicant has documented its existing or proposed plan for data reporting, quality improvement, and outcome and process monitoring system; whether the applicant has documented the intention and ability to comply with the staffing guidelines and qualifications set forth by the Tennessee Perinatal Care System Guidelines for Regionalization, Hospital Care Levels, Staffing and Facilities; and whether the applicant will participate in the Tennessee Initiative for Perinatal Quality Care (TIPQC);
- (p) For Nursing Home projects, whether the applicant has documented its existing or proposed plan for data reporting, quality improvement, and outcome and process monitoring systems, including in particular details on its Quality Assurance and Performance Improvement program. As an alternative to the provision of third party accreditation information, applicants may provide information on any other state, federal, or national quality improvement initiatives;
- (q) For Inpatient Psychiatric projects:
 - Whether the applicant has demonstrated appropriate accommodations for patients (e.g., for seclusion/restraint of patients who present management problems and children who need quiet space; proper sleeping and bathing arrangements for all patients), adequate staffing (i.e., that each unit will be staffed with at least two direct patient care staff, one of which shall be a nurse, at all

- times), and how the proposed staffing plan will lead to quality care of the patient population served by the project;
- Whether the applicant has documented its existing or proposed plan for data reporting, quality improvement, and outcome and process monitoring system; and
- 3. Whether an applicant that owns or administers other psychiatric facilities has provided information on satisfactory surveys and quality improvement programs at those facilities.
- (r) For Freestanding Emergency Department projects, whether the applicant has demonstrated that it will satisfy and maintain compliance with standards in the State Health Plan;
- (s) For Organ Transplant projects, whether the applicant has demonstrated that it will satisfy and maintain compliance with standards in the State Health Plan; and
- (t) For Relocation and/or Replacement of Health Care Institution projects:
 - For hospital projects, Acute Care Bed Need Services measures are applicable; and
 - 2. For all other healthcare institutions, applicable facility and/or service specific measures are applicable.
- (u) For every CON issued on or after the effective date of this rule, reporting shall be made to the Health Services and Development Agency each year on the anniversary date of implementation of the CON, on forms prescribed by the Agency. Such reporting shall include an assessment of each applicable volume and quality standard and shall include results of any surveys or disciplinary actions by state licensing agencies, payors, CMS, and any self-assessment and external peer assessment processes in which the applicant participates or participated within the year, which are relevant to the health care institution or service authorized by the certificate of need. The existence and results of any remedial action, including any plan of correction, shall also be provided.
- (v) HSDA will notify the applicant and any applicable licensing agency if any volume or quality measure has not been met.
- (w) Within one month of notification the applicant must submit a corrective action plan and must report on the progress of the plan within one year of that submission.
- (4) Contribution to the Orderly Development of Adequate and Effective Healthcare Facilities and/or Services. The contribution which the proposed project will make to the orderly development of an adequate and effective health care system may be evaluated upon the following factors:
 - (a) The relationship of the proposal to the existing health care system (for example: transfer agreements, contractual agreements for health services, the applicant's proposed TennCare participation, affiliation of the project with health professional schools);
 - (b) The positive or negative effects attributed to duplication or competition; and

- (c) The availability and accessibility of human resources required by the proposal, including consumers and related providers.
- (5) Applications for Change of Site. When considering a certificate of need application which is limited to a request for a change of site for a proposed new health care institution, The Agency may consider, in addition to the foregoing factors, the following factors:
 - (a) Need. The applicant should show the proposed new site will serve the health care needs in the area to be served at least as well as the original site. The applicant should show that there is some significant legal, financial, or practical need to change to the proposed new site.
 - (b) Economic factors. The applicant should show that the proposed new site would be at least as economically beneficial to the population to be served as the original site.
 - (c) Quality of Health Care to be provided. The applicant should show the quality of health care to be provided will be served at least as well as the original site.
 - (d) Contribution to the orderly development of health care facilities and/or services. The applicant should address any potential delays that would be caused by the proposed change of site, and show that any such delays are outweighed by the benefit that will be gained from the change of site by the population to be served.
- (6) Certificate of need conditions. In accordance with T.C.A. § 68-11-1609, The Agency, in its discretion, may place such conditions upon a certificate of need it deems appropriate and enforceable to meet the applicable criteria as defined in statute and in these rules.

Authority: T.C.A. §§ 4-5-202, 4-5-208, 68-11-1605, 68-11-1609, and 2016 Tenn. Pub. Acts Ch. 1043. Administrative History: Original rule filed August 31, 2005; effective November 14, 2005. Emergency rule filed May 31, 2017; effective through November 27, 2017.

CERTIFICATE OF NEED REVIEWED BY THE DEPARTMENT OF HEALTH DIVISION OF POLICY, PLANNING AND ASSESSMENT

615-741-1954

DATE: May 31, 2018

APPLICANT: Option Care Infusion Services

Walgreen's Infusion and Respiratory Services, LLC d/b/a Vanderbilt HC/Walgreens IV RT Services

624 Grassmere Park Drive, Suite 22

Nashville, Tennessee 37211

CONTACT PERSON: Julie Koenig/Meggie Orama

624 Grassmere Park Drive, Suite 22

Nashville, Tennessee 37211

COST: \$15,000

In accordance with Section 68-11-1608(a) of the Tennessee Health Services and Planning Act of 2002, the Tennessee Department of Health, Division of Policy, Planning, and Assessment, reviewed this certificate of need application for financial impact, TennCare participation, compliance with *Tennessee's State Health Plan*, and verified certain data. Additional clarification or comment relative to the application is provided, as applicable, under the heading "Note to Agency Members."

SUMMARY:

The applicant, Walgreens Infusion and Respiratory Services (WIRS), LLC d/b/a Vanderbilt HC/Walgreens IV & RT Services, a Home Health Agency is a limited liability corporation equally owned by Vanderbilt Health Services and Option Care Enterprises. The applicant seeks Certificate of Need (CON) approval to add 28 counties to their current service area to provide service and treat more people with specialty home infusion therapy. Option Care is the only national home infusion provider to participate in a limited network for a new drug, Radicava (edaravone), to treat amyotropic lateral sclerosis or ALS. This drug is the first new treatment for ALS to be approved by the Food and Drug Administration in over 20 years. Option Care Infusion Services will provide administration of several types of specialty intravenous medications per physician order and includes, but is not limited to the servicing of patients in need of Radicava. Infusion therapy means that a drug is administered intravenously to treat diseases such as Crohn's Disease, Multiple Sclerosis, arthritis, Myasthenia Gravis, a variety of immune disorders, and amyotropic lateral sclerosis (ALS).

The applicant is a licensed home health agency currently serving 33 counties in both Middle and East Tennessee. They include: Bedford, Cannon, Cheatham, Coffee, Davidson, Decatur, DeKalb, Dickson, Franklin, Giles, Grundy, Hickman, Houston, Humphreys, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Montgomery, Moore, Perry, Putnam, Robertson, Rutherford, Smith, Sumner, Trousdale, Warren, Wayne, White, Wilson, and Williamson counties. This CON would add 28 more counties to their service area. These counties include: Lauderdale, Tipton, Haywood, Shelby, Fayette, Hardeman, McNairy, Hardin, Marion, Sequatchie, Van Buren, Bledsoe, Cumberland, Morgan, Anderson, Roane, Rhea, Meigs, Hamilton, Bradley, Polk, McMinn, Monroe, Loudon, Blount, Sevier, Knox, and Jefferson.

GENERAL CRITERIA FOR CERTIFICATE OF NEED

The applicant responded to all of the general criteria for Certificate of Need as set forth in the document *Tennessee's State Health Plan.*

NEED:

The applicant currently services 33 counties in Tennessee and seeks to obtain approval for adding

28 more counties to their service area, allowing them to service those with specialty home infusion therapy needs. Recent market analysis projects that home infusion will grow by 9% annually through 2023, which will result in an additional need for specialty infusion services. Option Care is the only national home infusion provider to participate in the use of a new amyotropic lateral sclerosis (ALS) drug called Radicava (edaravone). Option Care will be servicing a medically fragile population with the new drug, Radicava. Each nurse is required to complete training on administering that drug. In August 2017, Option Care had over 200 Radicava referrals pending approval.

The 28 county service areas have a total population of 2,947,009 in 2017. By 2021, it is projected to increase by 3.45% to 3,048,692. The applicant primarily services patients age 0-64. The population of that particular age group in this area is 2,449,777 and is projected to increase by 1% to 2,473,818 in 2021, which is 3.4% below the state average of 4.4%. Also, the area has 21.9% of the population enrolled in TennCare compared to a lower statewide average of 21.3%

Approval of this application will allow patients with amyotropic lateral sclerosis to be treated in their homes instead of having to transport these debilitated patients to a medical facility. Some patients are physically unable to go to an outpatient facility that has access to Radicava. Also, most facilities do not have the ability to obtain the drug. Option Care will have the opportunity to provide the medication therapy to patients in their homes. The poverty level of 18.2% in these areas is above the state level. Furthermore, nursing services are "bundled" with the pharmacy. Therefore, nursing visits will not be a contributing factor in the provision of care provided to the patients.

The applicant maintains that this request will have no negative impact on the healthcare system. The applicant's current service area of 33 counties will be unaffected by the addition of 28 more counties. However, the applicant claims that there are a number of positive effects that this project will bring. Option Care provides care that will benefit the patient and eases the burden of staffing the patient population throughout the state. Option Care is the sole provider of Radicava, a new life extending infusible medication for the treatment of ALS, which would not only treat patients, but also decrease the burden on already overloaded municipal healthcare systems. Also, the applicant claims that this project would help to combat the underserviced population of chronically ill patients. It will allow Option Care Infusion to provide home care for patients with chronic and complex conditions. The applicant has provided a number of letters of support from physicians and other healthcare professionals that express the need for this project to be approved.

The impact of the proposed project not being implemented would be to delay or deny services to many patients that would benefit from in-house therapy, which places both an emotional and financial burden on the patient. The applicant claims that they are able to improve the quality of life of patients by providing them with the ability to receive infusion services in their own homes, on their own schedules, and around their work and family activities.

Service Area	Agencies Report Serving	Total Patients Served	Estimated 2017 Pop.	Use Rate	Projected 2020 Pop.	Projected Capacity	Projected Need (.015 x 2020 Pop.)	Need or (Surplus) for 2020
Anderson	20	2,375	78,026	0.0304385718	79,061	2,407	1,186	(1,221)
Bledsoe	12	301	13,333	0.0225755644	13,481	304	202	(102)
Blount	20	2,786	134,882	0.0206550911	139,725	2,886	2,096	(790)
Bradley	19	2,815	106,600	0.0264071295	109,706	2,897	1,646	(1,251)
Cumberland	15	1,672	62,847	0.0266042930	65,575	1,745	984	(761)
Fayette	18	793	45,626	0.0173804410	48,510	843	728	(115)
Hardin	15	1,141	26,618	0.0428657300	26,783	1,148	402	(746)
Hamilton	18	8,700	359,331	0.0242165583	368,666	8,926	5,530	(3,396)

Hardeman	14	836	27,287	0.0306372998	27,278	836	409	(427)
Haywood	12	538	18,348	0.0293219969	18,128	532	272	(260)
Jefferson	21	1,609	56,406	0.0285253342	58,372	1,665	876	(790)
Knox	25	9,452	472,075	0.0200222422	488,993	9,791	7,335	(2,456)
Lauderdale	12	1,045	28,799	0.0362859822	29,186	1,059	438	(621)
Loudon	24	1,536	55,192	0.0278301203	57,923	1,612	869	(743)
McMinn	17	871	54,783	0.0158990928	55,724	886	836	(50)
McNairy	23	2,598	27,337	0.0950360318	27,760	2,638	416	(2,222)
Marion	16	597	29,649	0.0201355864	30,129	607	452	(155)
Meigs	17	386	12,285	0.0314204314	12,462	392	187	(205)
Monroe	16	1,414	48,511	0.0291480283	50,062	1,459	751	(708)
Morgan	18	445	23,626	0.0188351816	24,288	457	364	(93)
Polk	13	476	17,538	0.0271410651	17,812	483	267	(216)
Rhea	17	683	34,262	0.0199346214	35,216	702	528	(174)
Roane	21	1,758	55,813	0.0314980381	56,301	1,773	845	(929)
Sequatchie	17	367	16,125	0.0227596899	16,943	386	254	(131)
Sevier	18	1,862	102,998	0.0180780209	108,468	1,961	1,627	(334)
Shelby	27	17,580	964,804	0.0182213175	981,022	17,876	14,715	(3,160)
Tipton	17	1,122	68,247	0.0164402831	71,196	1,170	1,068	(103)
Van Buren	9	203	5,677	0.0357576934	5,653	202	85	(117)
TOTAL								(22,276)

^{*}The total surplus for the area was calculated to be 22,276.

Population Data Source: The University of Tennessee Center for Business and Economic Research Projection Data Files, reassembled by the Tennessee Department of Health, Division of Policy, Planning and Assessment.

The following chart shows the historic and the projected utilization for Option Care Infusion Services:

Vanderbilt HC/Option Care Infusion Services, LLC Historic and Projected Utilization 2014 - 2021

	2014	2015	2016	2017	2018	2019	2020	2021
Patients	426	200	307	504	580	632	689	751
Visits	1257	1308	1733	2284	2627	2863	3121	3401

^{*}The patient growth rate was 64% from 2016 to 2017. Based on the growth trends over the last 4 years, a growth rate of 15% was applied to 2018 and a 9% growth rate was applied to both 2019 and 2020, respectively.

^{**}Most recent year of Joint Annual Report data for Home Health Agencies

^{***}Data is projected three years from the latest available year of final Home Health Joint Annual Report data.

^{****}Note: Population data may not match University of Tennessee data exactly due to rounding.

^{*}From 2015 to 2016, the visit growth rate increased by 32% and from 2016 to 2017, the visit growth rate held steady. A growth rate of 15% was applied to 2018 and the projected visits for 2019 and 2021 show a 9% growth rate.

County	Total Population 2017	Need Estimate 2017	2016 Patients Served by Existing Agencies	Additional Need not Served	
Angerson	78,026	1,170	2,669	(1,499)	
Bleosoe	13,333	200	382	(182)	
Blount	134,882	2,023	2,742	(719)	
Br ed ile <u>r</u>	106,600	1,599	2,606	(1,007)	
Cumbaland	62,847	943	1,711	(768)	
Favete	45,626	684	753	(69)	
Hamilton	359,331	5,390	6,723	(1,333)	
Hazdeman	27,287	409	886	(477)	
Hardin	26,618	399	1,158	(759)	
Haywood	18,348	275	538	(263)	
Jefferson	56,406	846	1,675	(829)	
Knox	472,075	7,081	8,230	(1,149)	
Lauderdale	28,799	432	, 923		
Loudon	55,192	828	1,690	(491)	
McMinn	54,783	822		(862)	
McNairy	27,337	410	1,614	(792)	
Marion	29,649	445	1,267	(857)	
Meigs	12,285	184		(144)	
Monroe	48,511	728	370	(186)	
Morgan	23,626	354	1,440	(712)	
Polk	17,538	263		(140)	
Rhea	34,262	514	406	(143)	
Roane	55,813	837	744	(230)	
Sequatchie	16,125	242	2,064	(1,227)	
Sevier	102,998		386	(144)	
Shelby	964,804	1,545	2,345	(800)	
Tipton	68,247	14,472	17,150	(2,678)	
Service Area Total	2,941,348	1,024	1,348	(324)	
State of TN Total	6,886;441	44,120	62,903	(18,783)	
	0,000;441	103,297	170,008	(66,711)	

^{*}Population data obtained from TN Department of Health population projections. The need is estimated based on 1.5% of total population. Patients served by existing agencies was obtained from the Report 6: Patient Origin by Base County in the 2016 JAR. Additional Need not Served represents patients that could be served in the future. This suggests that the estimated need is extremely conservative.

The following table includes home health agencies that performed infusion services in 2017:

Agency	County	2017 Total Hours	2017 Infusion Hours	2017 Infusion Hours as a % of Total
Suncrest Home Health	Shelby	37,814	93	0%
Coram CVS Specialty Infusion Services	Davidson	1,514	4	0%
Maxim Healthcare Services	Hamilton	176,315	33	0%
Coram CVS Specialty Infusion Services	Knox	467	301	64%
Still Waters Home Health Agency	Shelby	22,970	2	0%
Coram CVS Specialty Infusion Service	Shelby	958	770	80%
Accredo Health Group	Shelby	4	4	100%
Quality Home Health	Shelby	87,823	2	0%
Total		327,865	1,209	0%

TENNCARE/MEDICARE ACCESS:

The applicant participates in the Medicare and Medicaid/TennCare programs. The applicant has a Medicare Provider Number of 440039 and a Medicaid Provider Number of 0440039. The applicant contracts with TennCare MCOs AmeriGroup, TennCare Select, and United Healthcare Community Plan. Option Care Home Infusion is not directly contracted with any TennCare plans. However, their United Healthcare agreement covers both commercial and TennCare members, meaning that they are contracted through United Healthcare to support the TennCare program.

The applicant's projected payor mix for year one is provided below:

Projected Payor Mix-Year One

iiojectea i ayoi	Frojected Fayor Mix-Tear One							
Payor Source	Projected Gross Operating Revenue	As a % of Total						
Medicare/Medicare Managed Care	3,563,993	70%						
TennCare/Medicaid	0	0%						
Commercial/Other Managed Care	1,527,628	30%						
Self-Pay	0	0%						
Charity Care	0	0%						
Other:	0	0%						
Total	5,091,621	100%						

ECONOMIC FACTORS/FINANCIAL FEASIBILITY:

The Department of Health, Division of Policy, Planning, and Assessment have reviewed the Project Costs Chart, the Historical Data Chart, and the Projected Data Chart to determine if they are mathematically accurate and if the projections are based on the applicant's anticipated level of utilization. The location of these charts may be found in the following specific locations in the Certificate of Need Application or the Supplemental material:

Project Costs Chart: The Project Costs Chart is located on page 14 of the initial application. The only cost of the project is that of the CON Filing fee, which is \$15,000.

Historical Data Chart: The Historical Data Chart is located on page 16 of the initial application. For years 2015, 2016, and 2017, the applicant grossed \$1,479,758, \$437,254, and \$1,111,041, respectively.

Projected Data Chart: The Projected Data Chart is located on page 19 of the initial application. For the first two years of 2019 and 2020, the applicant is forecasted to gross \$3,736,519 and \$4,099,845, respectively.

There will be no cost incurred to expand the service area by 28 counties other than the filing fee of \$15,000 to obtain the Certificate of Need. The funding for the Certificate of Need is from Option Care Infusion Services cash reserves. Option Care expects to generate positive flows from operations. These positive cash flows are expected to exceed the project investment within the first year.

Average Gross, Deduction, and Net Charges

	Average Gross, Deduction, and Net Charges								
	Total Facility 2017	Total Facility 2018	Total Facility + Project 2019	Total Facility + Project 2020	% Change (Current Year to Year 2)				
Avg. Gross Charge	53,533	10,551	9,159	9,152	-13.3%				
Avg. Deduction from Revenue	663	222	200	192	-13.3%				

Average Net Charge	11,511	10,329	9,319	8,960	-13.3%

The current and year one staff is provided below:

Total Non-Patient Care Positions	17	20		
Account Managers	2	2	\$47.50	
Administrative Staff & Management	6	7	\$20.00	\$18.00/hr
Intake & Customer Service	9	11	\$20.99	\$19.23/hr
b.) Non-Patient Care Positions				
Total Direct Patient Care Positions	44	48		
Warehouse Distribution & Delivery	4	4	\$12.00/hr	\$10.75/hr
Clinical Liaisons & Dieticians	8	8	\$42.97/hr	\$78,000/yr
Pharmacists, Pharm Techs, & PSRs	21	23	\$35.92/hr	\$57.68/pharmacist
Nursing Management & RNs	11	13	\$36.71/hr	\$37.15/statewide
a.) Direct Patient Care Positions				
	Existing FTEs	Projected FTEs 2019	Average Wage (Contractual Rate)	Area Wide/Statewide Average Wage

The net operating margin ratio is provided below:

Year	Total Facility	Total Facility	Total Facility	Total Facility +	Total Facility +
	2016	2017	2018	Project 2019	Project 2020
Net Operating Margin Ratio	3.4%	5.6%	15.4%	12.5%	12.2%

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTHCARE:

Option Care Infusion Services is the only authorized specialty home infusion partner with MT Pharma to deliver and administer the first drug approved by the FDA in nearly 20 years with RADICAVA. This project will allow Option Care to provide specialty infusion therapy to highly populated areas, as well as counties throughout Tennessee located in rural and economically challenged areas, which would give patients much more convenient and affordable access to service. This will eliminate the need for patients to travel long distances for services that can only be provided in an outpatient environment. ALS patients require daily infusions for 14 days with the initial treatment of Radicava. Provision of care for the patient in the home will not only provide familiarity and comfort for the patient, but also help to lower costs and lessen the financial burden on both the health care system and the patient.

The applicant has contractual agreements with the following home health agencies: Camelia Home Health, Suncrest (All in the Family) Home Health, Amotec Staffing, NHC Home Care, Home Health Care of East Tennessee. The applicant coordinates nursing services with these agencies intermittently as needed. Option Care Infusion Services, LLC has working relationships with many Medicare certified agencies, including Tricare, UHC, UHC Comm., Humana, Tricare, Aetna, Healthsprings, and UMR. All relationships with agencies must adhere to strict subcontracting requirements, which include proof of liability insurance, current home health license, and orientation and training.

Implementation of the proposed project will not have any impact on existing providers. The existing providers of specialty infusion nursing are not in network with MT Pharm to administer

Radicava. The need to administer such a drug far outweighs the resources available to provide this service

Option Care Infusion Services fully staffs the existing 33 counties that they service. The addition of 28 more counties will not impact the organization's ability to continue to staff appropriately. Option Care works hard to secure enough staff to accommodate the demand for infusion specialists. Approximately 82% of the total staffing will be represented by staffing agencies. The other 18% will be through sub-contracts with established home health agencies.

QUALITY MEASURES:

The applicant has many quality assurance protocols in place to better their service. Their Quality Improvement Plan defines measures, analyzes, and provides communication strategies for improvement. Care Management Center leaders are notified of negative comments, complaints, and areas of concern and the leadership team follows protocol to address the issues. The applicant identifies opportunities for improvement and implements small tests of change. Option Care tracks and monitors re-hospitalizations, line infections, HIPPA events, medication events, delivery error rate, clean room operational days, and required continuing training. Action plans are implemented when necessary for improvement. The applicant will report annually using forms prescribed by the agency concerning continued need and appropriate quality measures as determined by the Agency pertaining to the certificate of need. Option Care is committed to self-assessment and external peer assessment processes used by healthcare organizations to ensure accurate assessment of our level of performance as it relates to accurately assess their level of performance as it relates to established standards and to implement ways to continuously improve.

The applicant is licensed by the Tennessee Department of Health, Board for Licensing Healthcare Facilities and accredited by the Accreditation Commission for Health Care (ACHC). The applicant is also certified by the Pharmacy Compounding Accreditation Board, as well as the Joint Commission for health care.

CERTIFICATE OF NEED STANDARDS AND CRITERIA

FOR

HOME HEALTH SERVICES

Standards and Criteria

- Determination of Need: In a given county, 1.5 percent of the total population will be considered as the need estimate for home health services in that county. This 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed Service Area.
- 2. The need for home health services should be projected three years from the latest available year of final JAR data.

Service Area	Agencies Report Serving	Total Patients Served	Estimated 2017 Pop.	Use Rate	Projected 2020 Pop.	Projected Capacity	Projected Need (.015 x 2020 Pop.)	Need or (Surplus) for 2020
Anderson	20	2,375	78,026	0.0304385718	79,061	2,407	1,186	(1,221)
Bledsoe	12	301	13,333	0.0225755644	13,481	304	202	(102)
Blount	20	2,786	134,882	0.0206550911	139,725	2,886	2,096	(790)
Bradley	19	2,815	106,600	0.0264071295	109,706	2,897	1,646	(1,251)
Cumberland	15	1,672	62,847	0.0266042930	65,575	1,745	984	(761)
Fayette	18	793	45,626	0.0173804410	48,510	843	728	(115)

Hardin	15	1,141	26,618	0.0428657300	26,783	1,148	402	(746)
Hamilton	18	8,700	359,331	0.0242165583	368,666	8,926	5,530	(3,396)
Hardeman	14	836	27,287	0.0306372998	27,278	836	409	(427)
Haywood	12	538	18,348	0.0293219969	18,128	532	272	(260)
Jefferson	21	1,609	56,406	0.0285253342	58,372	1,665	876	(790)
Knox	25	9,452	472,075	0.0200222422	488,993	9,791	7,335	(2,456)
Lauderdale	12	1,045	28,799	0.0362859822	29,186	1,059	438	(621)
Loudon	24	1,536	55,192	0.0278301203	57,923	1,612	869	(743)
McMinn	17	871	54,783	0.0158990928	55,724	886	836	(50)
McNairy	23	2,598	27,337	0.0950360318	27,760	2,638	416	(2,222)
Marion	16	597	29,649	0.0201355864	30,129	607	452	(155)
Meigs	17	386	12,285	0.0314204314	12,462	392	187	(205)
Monroe	16	1,414	48,511	0.0291480283	50,062	1,459	751	(708)
Morgan	18	445	23,626	0.0188351816	24,288	457	364	(93)
Polk	13	476	17,538	0.0271410651	17,812	483	267	(216)
Rhea	17	683	34,262	0.0199346214	35,216	702	528	(174)
Roane	21	1,758	55,813	0.0314980381	56,301	1,773	845	(929)
Sequatchie	17	367	16,125	0.0227596899	16,943	386	254	(131)
Sevier	18	1,862	102,998	0.0180780209	108,468	1,961	1,627	(334)
Shelby	27	17,580	964,804	0.0182213175	981,022	17,876	14,715	(3,160)
Tipton	17	1,122	68,247	0.0164402831	71,196	1,170	1,068	(103)
Van Buren	9	203	5,677	0.0357576934	5,653	202	85	(117)
TOTAL								(22,276)

^{*}The total surplus for the area was calculated to be 22,276.

3. The use rate of existing home health agencies in each county of the Service Area will be determined by examining the latest utilization rate as calculated from the JARs of existing home health agencies in the Service Area. Based on the number of patients served by home health agencies in the Service Area, an estimation will be made as to how many patients could be served in the future.

The 28 county service areas have a total population of 2,947,009 in 2017. By 2021, it is projected to increase by 3.45% to 3,048,692. The applicant primarily services patients age 0-64. The population of that particular age group in this area is 2,449,777 and is projected to increase by 1% to 2,473,818 in 2021.

4. County Need Standard: The applicant should demonstrate that there is a need for home health services in each county in the proposed Service Area by providing documentation (e.g., letters) where: a) health care providers had difficulty or were unable successfully to refer a patient to a home care organization and/or were dissatisfied with the quality of services provided by existing home care organizations based on Medicare's system Home Health Compare and/or similar data; b) potential patients or providers in the proposed Service Area attempted to find appropriate home health services but were not able to secure such services; c) providers supply an estimate of the potential number of patients that they might refer to the applicant.

The applicant has provided a number of letters of support from physicians and other healthcare professionals that express the need for this project to be

^{**}Most recent year of Joint Annual Report data for Home Health Agencies.

^{***}Data is projected three years from the latest available year of final Home Health Joint Annual Report data.

Population Data Source: The University of Tennessee Center for Business and Economic Research Projection Data Files, reassembled by the Tennessee Department of Health, Division of Policy, Planning and Assessment.

^{****}Note: Population data may not match University of Tennessee data exactly due to rounding.

implemented.

5. **Current Service Area Utilization:** The applicant should document by county: a) all existing providers of home health services within the proposed Service Area; and b) the number of patients served during the most recent 12-month period for which data are available. To characterize existing providers located within Tennessee, the applicant should use final data provided by the JARs maintained by the Tennessee Department of Health. In each county of the proposed Service Area, the applicant should identify home health agencies that have reported serving 5 or fewer patients for each of the last three years based on final and available JAR data. If an agency in the proposed Service Area who serves few or no patients is opposing the application, that opponent agency should provide evidence as to why it does not serve a larger number of patients.

Agency	County	2017 Total	2017 Infusion	2017 Infusion
		Hours	Hours	Hours as a % of
				Total
Suncrest Home Health	Shelby	37,814	93	0%
Coram CVS Specialty	Davidson	1,514	4	0%
Infusion Services				
Maxim Healthcare Services	Hamilton	176,315	33	0%
Coram CVS Specialty	Knox	467	301	64%
Infusion Services				
Still Waters Home Health	Shelby	22,970	2	0%
Agency				
Coram CVS Specialty	Shelby	958	770	80%
Infusion Service				
Accredo Health Group	Shelby	4	4	100%
Quality Home Health	Shelby	87,823	2	0%
Total		327,865	1,209	0%

6. **Adequate Staffing:** Using TDH Licensure data, the applicant should document a plan demonstrating the intent and ability to recruit, hire, train, assess competencies of, supervise, and retain the appropriate numbers of qualified personnel to provide the services described in the application and document that such personnel are available to work in the proposed Service Area. The applicant should state the percentage of qualified personnel directly employed or employed through a third party staffing agency.

Option Care Infusion Services fully staffs the existing 33 counties that they service. The addition of 28 more counties will not impact the organization's ability to continue to staff appropriately. Option Care works hard to secure enough staff to accommodate the demand for infusion specialists. Approximately 82% of the total staffing will be represented by staffing agencies. The other 18% will be through sub-contracts with established home health agencies.

- 7. **Community Linkage Plan:** The applicant should provide a community linkage plan that demonstrates factors such as, but not limited to, referral arrangements with appropriate health care system providers/services (that comply with CMS patient choice protections) and working agreements with other related community services assuring continuity of care focusing on coordinated, integrated systems. A new provider may submit a proposed community linkage plan.
- 8. **TennCare Managed Care Organizations (MCOs) and Financial Viability:** Given the time frame required to obtain Medicare certification, an applicant proposing to contract with the Bureau of TennCare's MCOs should provide evidence of financial viability during the time period necessary to receive such certification. Applicants should be aware that MCOs are under no obligation to contract with home care organizations, even if Medicare

certification is obtained, and that Private Duty Services are not Medicare certifiable services. Applicants who believe there is a need to serve TennCare patients should contact the TennCare MCOs in the region of the proposed Service Area and inquire whether their panels are open for home health services, as advised in the notice posted on the HSDA website, to determine whether at any given point there is a need for a provider in a particular area of the state; letters from the TennCare MCOs should be provided to document such need. See Note 2 for additional information.

Applicants should also provide information on projected revenue sources, including non-TennCare revenue sources.

Projected Payor Mix-Year One

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Payor Source	Projected Gross Operating Revenue	As a % of Total					
Medicare/Medicare Managed Care	3,563,993	70%					
TennCare/Medicaid	0	0%					
Commercial/Other Managed Care	1,527,628	30%					
Self-Pay	0	0%					
Charity Care	0	0%					
Other:	0	0%					
Total	5,091,621	100%					

- 9. **Proposed Charges:** The applicant's proposed charges should be reasonable in comparison with those of other similar agencies in the Service Area or in adjoining service areas. The applicant should list:
 - a. The average charge per visit and/or episode of care by service category, if available in the JAR data.
 - b. The average charge per patient based upon the projected number of visits and/or episodes of care and/or hours per patient, if available in the JAR data.

Average Gross, Deduction, and Net Charges

	Total Facility 2017	Total Facility 2018	Total Facility + Project 2019	Total Facility + Project 2020	% Change (Current Year to Year 2)
Avg. Gross Charge	53,533	10,551	9,159	9,152	-13.3%
Avg. Deduction from Revenue	663	222	200	192	-13.3%
Average Net Charge	11,511	10,329	9,319	8,960	-13.3%

10. Access: In concert with the factors set forth in HSDA Rule 0720-11-.01(1) (which lists those factors concerning need on which an application may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is limited access in the proposed Service Area for groups with special medical needs such as, but not limited to, medically fragile children, newborns and their mothers, and HIV/AIDS patients. Pediatrics is a special medical needs population, and therefore any provider applying to provide these services should demonstrate documentation of adequately trained staff specific to this population's needs with a plan to provide ongoing best practice education. For purposes of this Standard, an applicant should document need using population, service, special needs, and/or disease incidence rates. If granted, the Certificate of Need should be restricted on condition, and thus in its licensure, to serving the special group or groups identified in the application. The restricting language should

be as follows: CONDITION: Home health agency services are limited to (*identified specialty service group*); the expansion of service beyond (*identified specialty service group*) will require the filing of a new Certificate of Need application. Please see Note 3 regarding federal law prohibitions on discrimination in the provision of health care services.

Approval of this application will allow patients with amyotropic lateral sclerosis to be treated in their homes instead of having to transport these debilitated patients to a medical facility. Some patients are physically unable to go to an outpatient facility that has access to Radicava. Also, most facilities do not have the ability to obtain the drug. Option Care will have the opportunity to provide the medication therapy to patients in their homes. The poverty level of 18.2% in these areas is above the state level.

11. Quality Control and Monitoring: The applicant should identify and document its existing or proposed plan for data reporting (including data on patient re-admission to hospitals), quality improvement, and an outcome and process monitoring system (including continuum of care and transitions of care from acute care facilities). If applicable, the applicant should provide documentation that it is, or that it intends to be, fully accredited by the Joint Commission, the Community Health Accreditation Program, Inc., the Accreditation Commission for Health Care, and/or other accrediting body with deeming authority for home health services from CMS.

The applicant has many quality assurance protocols in place to better their service. Their Quality Improvement Plan defines measures, analyzes, and provides communication strategies for improvement. Care Management Center leaders are notified of negative comments, complaints, and areas of concern and the leadership team follows protocol to address the issues. The applicant identifies opportunities for improvement and implements small tests of change. Option Care tracks and monitors re-hospitalizations, line infections, HIPPA events, medication events, delivery error rate, clean room operational days, and required continuing training. Action plans are implemented when necessary. The applicant is licensed by the Tennessee Department of Health, Board for Licensing Healthcare Facilities and accredited by the Accreditation Commission for Health Care (ACHC). The applicant is also certified by the Pharmacy Compounding Accreditation Board, as well as the Joint Commission for health care.

12. Data Requirements: Applicants should agree to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested. As a standard of practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.